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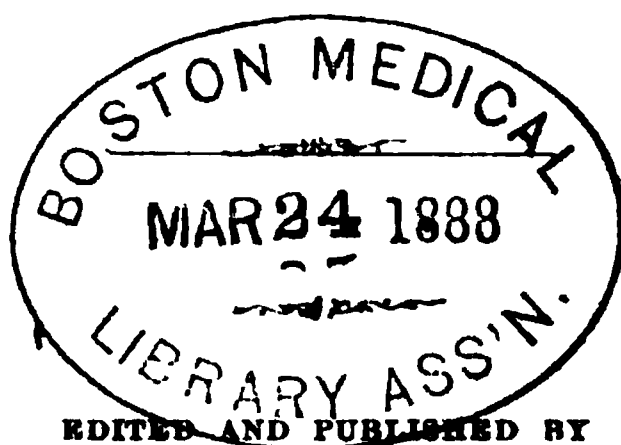








THE  
AMERICAN MEDICAL JOURNAL  
OF ST. LOUIS, MO.



E. YOUNKIN, M. D.,

PROFESSOR OF SURGERY IN THE AMERICAN MEDICAL COLLEGE, ST. LOUIS, MO.

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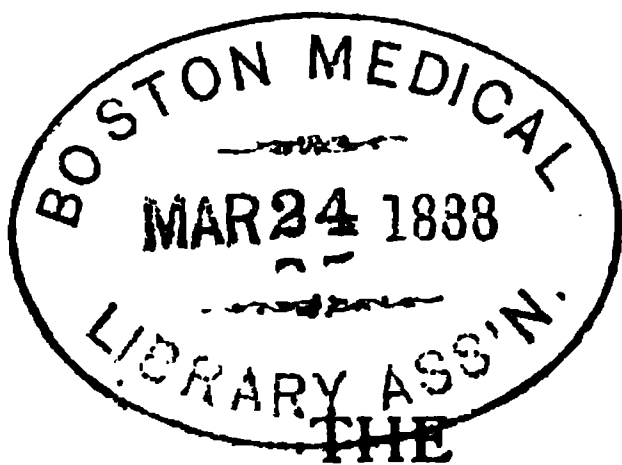
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# AMERICAN MEDICAL JOURNAL.

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No. 1.

## *ORIGINAL COMMUNICATIONS.*

### **The Medical Journal.—By A. J. HOWE, M. D.**

The average physician is wretchedly economical, if not meanly stingy. He embraces the shortest road to a medical degree, and then sets up practice in the cheapest possible manner. He has a few text-books, yet only as many as would carry him through the student's career. He has a cheap dissecting case of surgical instruments, which originally consisted of a pair of forceps and two scalpels; one of the latter is kept clean for surgical operations of a minor character. With this limited capital the young doctor commences a professional business, and feels neglected if patrons do not flock to him! If a merchant should begin trade with such a slender stock, he would ignominiously fail; no trick would save him, as it sometimes does a scaly follower of Æsculapius.

Well, the young M. D. subscribes for a medical journal, and continues to take it as long as the editor will mail it for nothing. A dun now and then will not provoke a threat to withdraw the subscription. After the publication is at length stopped, the insulted and irate doctor transfers his patronage (?) to another medical periodical, and rejoices in the change. The publisher is regarded as a liberal gentleman, who is probably worth enough to manufacture and send out a journal for "the good of the cause," or through some other philanthropic motive. Finally, the second and third subscription come to an end, and the wrathful and neglected prac-

itioner has to depend for literature upon a medical almanac and the pamphlet circulars of patent medicines. "This average doctor" is averse to innovations in medicine; he wants the world to stay where his text-book stands; he hates expensive novelties! His argument against medical journals is, that they don't help much, that he has to go to a favorite author (perhaps twenty years old) if he would learn all about a troublesome case. He never supposes that the best of everything first appears in the pages of a medical journal, and that it takes at least three years for it to reach the book-form.

The average doctor regards the medical journal as fancy reading, as a good place to give accounts of monstrosities and to perpetrate medical jokes. What is the use of paying two dollars a year for such a luxury?

The enterprising doctor subscribes and pays for several medical periodicals; he cannot afford to be without the cream of medical literature, cost what it may. He is to prepare a paper to read before the District, State or National organization, and he must be posted as to the latest ideas, or be laughed at when the day of trial cometh. No single journal furnishes all the material needed—a dozen good periodicals should be at command. *The British Medical Journal* and *The London Lancet* are issued every week, at ten dollars a year, and are the best foreign periodicals devoted to medicine. The enterprising practitioner takes one of these journals, and keeps a file of them as guardedly as is kept any precious object. And "this enterprising doctor" subscribes and pays for a few American weeklies—*The Boston Medical and Surgical Journal*, for the *New York Medical Record*, and for the *Phila. Medical and Surgical Reporter*—either at five dollars a year. Besides these, he—the enterprising practitioner—will subscribe and pay for several monthlies, a quarterly, and a semi-annual. He needs compends which separate the wheat from the chaff, which garner golden grain from every source, and present a record of medical discoveries. The talented *monthly* is the most indispensable of all of the publications mentioned, yet, as said before, one periodical can never take the place of many.

The enterprising physician who subscribes and pays for several medical journals becomes a leader among the medical men of any community, and *the* man to be called when an important consulta-

tion is held. His services are wanted in court when a case of lunacy is to be tried, or any point in State medicine is to be adjudicated.

The enterprising physician who subscribes and pays for several medical periodicals is not the loser by the outlay; in the end he regains the expenditure a hundred-fold in money, to say nothing of a growing reputation which is worth more than fine gold.

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**Establishing a Practice Under Difficulties.—By W. S. BAIN, M. D., Caddo Mills, Texas.**

[CONTINUED FROM NOVEMBER NUMBER, PAGE 488.]

Well, my patient with cerebro-spinal meningitis had gone the way of all animated nature; he had died, and the mountebanks were all supremely happy at the result. But time changes all things, and the time had come in the history of these mountebanks when they would be compelled to prove themselves physicians by their works. There was a lady in an adjoining settlement that mountebanks Nos. 1 and 3 had been waiting on and working with for three years. They had treated her for a variety of ailments; still she would not improve, but gradually grew worse, and from the long-continued drugging and suffering was reduced to a mere skeleton. Her husband, despairing of her ever getting well unless there was some change in her medical treatment, sent for me. I found her as above stated—a physical wreck. In getting up a history of her case, I learned they were treating her for “disease of the spine and bowels, with some obscure disease of the head and heart.” The history of her case was about as follows: About three years previously she was confined; her labor was easy and normal, but she did not regain her usual health, though able to be up and attend to her domestic affairs. She went along in this condition some three or four months, when mountebank No. 1 was called to see her. He assured her he would have her up in a few days. A few days passed—so did weeks; finally years rolled by, and still they sang the same old song:

She has spinal disease—she has, she has;  
Her heart is diseased—oh, yes! oh, yes!  
Her bowels inflamed—you know, you know:  
Which calls for more drugs—just so, just so.

**Chorus.**—Pour in the beef soup—pour, pour, pour;  
Pour in the beef soup, pour.

On my first visit I made a close and thorough examination, and found her in the following condition: Bowels constipated; tongue coated; headache; cold hands and feet; palpitation of the heart; passing her urine and fæces caused severe tenesmus of rectum and bladder; foul, stinking leucorrheal discharges; the os uteri protruding through external labia, as red as a beet and studded over with filthy ulcers. I put her on appropriate treatment for such cases, and had the satisfaction of seeing her in two months' time able to attend to her domestic affairs and to engage in some private theatrical amusements. (I will state just here that I was not present at the theatrical entertainments, as all such were strictly private.) She became pregnant, and in due course of time gave birth to a bouncing big boy. Since then she has had no more uterine troubles.

This lady's case was well known to the neighborhood, and her recovery was a surprise to them. In this one case I had created a panic in the enemy's ranks; in my next communication I will show you how I routed them from the field.

[TO BE CONTINUED.]

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**Deceitful Practices in Medicine.\***—By E. L. STANDLEE,  
M. D., St. Louis.

Doubtless, from the title of this paper, your mind at once reverts to some of the many frauds and fraudulent practices imposed upon the medical profession. The science of medicine has long been regarded and classed as a true science, though somewhat imperfect, and although its present status is possibly the highest ever known to the world, we are indebted to our predecessors for many of the essential truths known to us. We profit by their experience; likewise the future is to be benefitted by ours. Thus medicine is and should be a progressive science. I shall not attempt to say that the *practice* of medicine has retrograded; but owing to the unscientific use of patent nostrums and preparations of like character among the masses, and the uneducated and ignorant manipulators of the practice, it is certainly wonderfully degraded. It has simply become an ordinary trade or traffic, not even left to the doctors and druggists; for plenty of towns I know where the most saleable patent medicines are kept and sold by dry goods and grocery merchants.

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\*Read before the Eclectic Medical Society of St. Louis.

Then think of the many men who call themselves "doctors" that will prescribe and use these nostrums in practice, because of the indications printed on the wrapper (for they see no indications, of course, in the disease, or symptoms manifest in the patient before them.) These are usually slow, easy fellows, amounting to very little any way. We find, however, a more troublesome class, equally as ignorant, but more egotistical and pretentious than those described above. This is the man who will dare to sign his name to a public document with an M. D., or more if necessary, when if he has ever been through a medical college it was like the boy who went in at the front door and out at the back. This is the so-called "doctor" who will by accident drop in at the house of your patient in your absence, slightly excuse himself by being ignorant of sickness in the family, ask a few questions, volunteer to examine the patient, offer some passing criticism upon the diagnosis and treatment, and, if allowed to, will prescribe and dispense the medicine, thus relieving you of further trouble in the case.

Here I have described one who is very disgusting to the educated physician. Distrust and ignore him as a physician, pity him as a man! Our States have tried to suppress these impositions by legislating; but have they accomplished the desired results? As yet I am bound to answer in the negative. My native State (Ark.) has laws to regulate the practice of medicine and surgery, and there I find men practicing medicine who have never been to a medical college; still they are lawful practitioners, for they hold a certificate from the County Board of Examiners, and have registered the same in the clerk's office. Well, when a young man graduates in medicine, and wishes to locate among, and practice alongside, these fellows, what must he do to become a lawful practitioner? You probably say, "Register his diploma and then go to work;" but not so. These County Examiners say: "We'll see if he is competent;" so he must put his sheep-skin aside and appear before the Board as his friend over there did, pay each examiner a fee, get the certificate of examination and register that. Does this look like the suppression of quackery? Not much; but it puts the graduated physician on a level with the uneducated ignoramus. In conclusion I will mention another kind of deceit practiced by most physicians. The most successful men in the practice of medicine control both the mind

and body of their patients, and it is often necessary to resort to strategem of some kind to get possession of a person's mind. This I deem perfectly justifiable. What physician does not know the value of psychical remedies? They often prove more efficient than the corporeal. The influence of the mind over the body is even wonderful, as observations will prove. A person in a bad state of mind will lose flesh rapidly; fear has been known to produce death, and what more than joy caused the death of the doorkeeper at the national capitol during the Revolutionary War, when Washington became victorious? Where in these cases would you expect to find the lesion? In the mind, of course. Well, a few sugar pills administered with care will cure some of your patients, and you may so influence the mind that a bread pill will produce active catharsis. Now is not this as purely psychical as the former? Why certainly. Then get possession of your patient's mind, and do not forget to use freely the psychical as well as the corporeal remedies.

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**Pertussis.**—By L. D. FOREMAN, M. D.

*Dear Prof.*:—As you asked for contributions from the weak and strong, I thought I would send you one. For the last year I have had quite an experience with pertussis, having tried all the best drugs recommended for it, none of which gave the satisfaction I wished for, so I resolved to give oleum lini a trial, and to my astonishment it proved a specific in every case.

CASE I.—George B., aged three years, had whooping cough for three weeks; nose bleeds with every paroxysm of coughing; bowels moves every few minutes; could retain nothing on stomach. R. Oleum lini, simple syrup, aa., ʒij. Sig. Teaspoonful after each paroxysm soon checked the bowels and vomiting; made good recovery in one week.

I could give many more cases, but it is of no use. I consider it a specific in any case—not that it will check the cough altogether, but it will soon modify and lessen the cough, and places the secretions in good condition.

The reason I write this is, I have never heard of it being given, and wish my class-mates would give it a trial. For a child two years old, half drachm in simple syrup after each paroxysm of coughing.

**An Open Letter.—BY L. T. BEAM, M. D.**

PROF. E. YOUNKIN, M. D.—*My Dear Sir:*—I have the honor to acknowledge the receipt of your invitation to a place among the contributors to the AMERICAN MEDICAL JOURNAL, of which I learn by your postal card, bearing date of November 21st, you are about to assume editorship. Accept my congratulations and best wishes for your success.

My esteemed friend, Prof. Pitzer, has done well; he gave Eclecticism a creditable journal, and managed very successfully the affairs of the cause for which we love and labor. May you, as his successor, be well sustained, especially by the Eclectics in the West.

American Eclecticism has a grand work before it. Its advocates should not hesitate, but step boldly to the front, and take their places in the rank and file of the great army of progress. The fire of purification is burning under the caldron of medical bigotry and error. Every one who yearns for freedom in our profession is required to place some fuel under the distilling crucible. I am aware that some, with cartilaginous vertebra, in our ranks, are showing signs of despondency—entertaining gloomy forebodings of evil to the cherished Temple of American Medicine—but to all such let the AMERICAN MEDICAL JOURNAL be a source of encouragement. May its monthly visits cheer us all up. With the Greeks, let our war cry be:

“Again to the battle, Achaïans!  
Our hearts bid the tyrants defiance;  
Our land, the first garden of Liberty’s tree,  
It has been, and shall yet be, the land of the Free.”

Each of us have a duty to perform to the after-time of his own brief act of life. And now, as you assume the responsible and arduous duties of an editor, even though you may not accomplish all that you desire, think, as you succeed to another, that there are others coming after you who will take up the little thread—be it woof or warp—which you have dropped, and weave the fabric you designed, beautifying its texture, it may be, with something from the coloring of their own imagination and thought. Like the pigmy builders of the mountains in the sea, who toil patiently on while the centuries elapse—each short-lived worker comes and brings his little mite and casts it down, and at



length, behold! the coral island peers above the waters—so we should toil with patience for the age in which we live, for posterity, and that, too, without envy of the lot of those who may live in the “good time coming,” but with a strong desire cheerfully to contribute *our* little mite to the glory of that golden age.

It cannot be questioned but that there is a growing interest among a large and respectable portion of the community with reference to the success of the principles of American Eclecticism in medicine, and this interest is constantly extending further and further, taking a wider range and a deeper hold of the minds of the people every day. But if we are to continue this rate of progress, our physicians and journals must not abandon the practice among themselves, and the promulgation among the people of the original, humanizing ethics of Eclecticism. We do not want medical autocrats, or Mother Grundy Eclectics.

In order that Eclecticism in medicine may be perpetuated, it must be instilled into the minds of the *people*; make the people thorough-going Eclectics in sentiment and principle, and but few physicians would find employment except such as were imbued with similar views. The demand in this section of the country for Eclectic physicians far exceeds the supply. I venture the prediction that none of the professions will prove more honorable and lucrative, and that none promise more usefulness, than the Eclectic practice of medicine to the young men and women of the present generation who are about to enter upon a professional career. Unlike the graduates from “regular schools,” Eclectic graduates do not find “the profession crowded beyond the limits of remuneration.”

Yes, Brother Younkin, a beneficent spirit of Eclecticism is spreading. Homœopathy, and the Mind or Faith cure, are convincing the world that the harsh and heroic measures of “regular” medicine are unnecessary, while the Eclectic profession are demonstrating that there is a golden mean between the two extremes—that there are mild, safe and efficient means, without resorting to ultra measures or extravagant doctrines. For this reason, if for no other, the Eclectic school of medicine can justly claim to occupy an advanced position in the medical world, and that “as a school of medicine it has” an “inherent right of existence,” the position taken by the *Investigator* to the contrary notwithstanding.

I enclose in this letter two dollars to pay for the AMERICAN MEDICAL JOURNAL for 1887. Although I scarce have time for thought or action, much beyond my practice, yet a little time will be devoted now and again to promote and carry forward this gigantic work. Each and every one should and can *do something* for the benefit of our common cause—to promote the noble work in which we are engaged—the amelioration of the physical ills of man.

May good health and abundant prosperity attend you in your new field of labor.

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**The Lost Status of the Physician.**—BY GEO. COVERT, M. D., Clinton, Wis.

As is well known, in ancient days the medicine man was regarded with superstitious awe and veneration. Even now, in Europe, the physician is absolute dictator in his own province. To question his wisdom, to pry into his occult learning, to doubt his methods, is in no wise to be permitted to the laity. In' our boyhood days, we remember that the dictum of the doctor and the doctrines of the "dominie" were reckoned without the pale of dispute.

But in our democratic age, where one man is as good as another (and no better), the iconoclastic spirit of the times makes no distinctions—knows no privileged classes. It strips the physician of his *ex-officio* garb of authority, and exposes him to the domination of those whom he serves. As one has pertinently observed, "the doctor often ranks second to the family almanac."

This irreverent attitude is significant of several things. It signifies, first of all, lack of confidence in the knowledge and skill of the medical fraternity. This again has arisen from the lack of uniformity in medicine, the many *isms* and *pathies*, the low standard of jugglerism to which the medical art has been debased, the ignorance and charlatanry of professed physicians, and, last but not least, the venality of the patent medicine man.

"A little knowledge is a dangerous thing." The masses know just enough to distrust their doctors, just enough to understand the physiological information conveyed through the seductive advertisements with which the papers of the land, secular, scientific and religious, are dally teeming. There is no escaping the contagion. The reader finds his own condition portrayed; he reads what seem

to be most *conclusive* and *reliable* testimonials; he invests forthwith in the stuff, swallows he knows not what and feels better. Soon he "wears it out"—then there is more study of advertisements and another trial.

The old-fashioned "cut and dry" method of practice has fostered a "cut and dry" spirit among the people. In fact, the physician is often recommended by his patrons to "try" this, that or the other remedy. Sometimes they "try," on their own responsibility, like the woman who was troubled with some urinary difficulty. Some one told her cow urine would cure her. Unbeknown to her physician, who remained ignorant of the auxiliary to his treatment, she followed the cow about the pasture with a pail until the desired remedy was obtained. The idea was that it would do no hurt if it did no good!

How, under the existing state of things, the physician can secure and maintain a position of dignified independence is a question of some importance. Since, when he assumes the title of Dr., he does not, with it, secure the prerogative of immunity from criticism, it follows that, if he rules at all, he must rule by virtue of his inherent superiority. Assumption of superiority will not fill the bill. He must be able to identify pathological conditions, and, at least, diagnose simple diseases with facility.

A quack of my acquaintance, called to some cases of measles, the eruption hardly diagnostic, declared one case to be scarlatina, the second measles, while the third "had 'em mixt." It is needless to add that he was discharged, and another doctor had three cases of measles. At another time, this same man diagnosed some cases to be scarlatina because they vomited; the next day he diagnosed pneumonia, the third day he was discharged. His successor found only simple catarrhal fever. In another instance, error in diagnosis was followed by more serious consequences. A case pronounced measles proved to be small-pox, and thus unwittingly, through culpable ignorance, the germs of infection were scattered.

The physician who demonstrates his superiority daily by his accuracy of diagnosis, and by his skillful handling of disease, is not thereby rendered exempt from the annoying meddlesomeness of his patrons and their friends. He has suggestions as to treatment thrust upon his attention. To remain "*suaviter in modo*," to cater

to the notions of the ignorant and yet retain his manly independence, requires some little tact and knowledge of human nature. It will not do to heed the advice of well-meaning but incompetent advisers. A graduate of a Homœopathic institution learned this to his sorrow. Ignorant and therefore not self-reliant, and the more anxious to please everybody and give general satisfaction, not long since he was called to a child in a fit. Some kind attendant suggested a fomentation of hops to the head. It was ordered, and applied hot for twenty-four hours. Child no better. Another suggested cold applications, after the manner of her family physician. Therefore salt and water with ice was used. On the third day there was effusion, and the child died in convulsions. The physician who understands his business may put his would-be advisers to rout by the Socratic method: "What do you understand the nature of the proposed remedy to be?" "What is its therapeutic value in this case?" etc., etc. It is not necessary that he should condemn the whole category of common domestic medicines, although even these should be employed discriminatingly. Catnip tea, a hop pillow, or a hot mustard-water footbath for insomnia, are not objectionable; but to feed a child raw onions to make it sleep well is one of the absurd things of which we sometimes hear.

It is the privilege, if not the duty, of the medical adviser to explain the "reasons why" of simple household remedies. The well-informed physician has it in his power to *make* his opinion final among his followers; not by sealing up the fountains of knowledge, not by a pedantic show of learning, but by correcting the erroneous conceptions of medicine and disease, and by adding to the popular information concerning the rationale of medication. Thus may he make himself an authority in his line, and, for himself, retrieve his lost status as a physician.

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A STETHOSCOPE has been patented by Mr. Louis D. Radzinsky, of McKeesport, Pa. Its cup is made of soft rubber, in order to be practically a non-conductor of external sounds, and it has a peculiarly constructed tambourine, or drum, whereby the sounds from different regions of the chest or other parts of the body are intensified, the ear-muffs being also of soft rubber, with an ear canalicula of hard rubber or similar material. This is a valuable invention for both old and young physicians.—*National Druggist*.

**SELECTIONS.**

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**Traumatic Delirium Tremens.—By JOHN B. ROBERTS, M. D.**

This nervous affection, characterized by muscular tremor and a peculiar restless delirium, not infrequently follows the receipt of injuries in those accustomed to alcoholic stimulation.

Some writers describe, under the terms traumatic delirium and nervous delirium, a condition frequently very similar to delirium tremens, which is said to occur in patients free from the alcohol habit, and to depend upon nervous prostration, often associated with shock and hemorrhage. It is possible that failure to investigate previous habits with judicial acumen has allowed to arise a confusion between delirium dependent simply upon traumatism and delirium induced by traumatism in alcohol drinkers.

The muttering delirium and muscular twitching that supervene in *æsthesia*, from surgical as from medical causes, and the noisy delirium after injury that is exhibited by quick, rapid, and full pulse, and by febrile reaction, are two very different conditions to which the name traumatic delirium might with propriety be applied. These forms of mental disturbance, in my opinion better called asthenic and inflammatory delirium respectively, arise without reference to personal habits.

The group of symptoms which I propose describing as traumatic delirium tremens, however, is found especially, if not exclusively, indeed, in those whose nervous systems have undergone, prior to injury, the deterioration due to absorption of alcohol. I have not been convinced by my experience, nor by my reading, that such a concatenation of symptoms can occur after traumatism in the absolutely abstemious. The amount of drinking requisite to induce the predisposition varies with the individual. The repeated ingestion of quite small quantities of alcohol may give rise to the delirious susceptibility. It is possible that a similar deterioration of constitution, and a consequent liability to trembling delirium, may be caused by the opium, chloral and tobacco habits; but it is difficult to differentiate these because of their frequent association with alcoholic excess.

Traumatic delirium tremens may follow even slight injuries, but

compound fractures and burns seem to have a special tendency to develop this serious complication. Its occurrence should not be ascribed to the restraint imposed upon the patient's habits by the injury, but to a traumatic disturbance of a previously unstable nervous equilibrium. Medical authorities vary in their appreciation of the causative influence exerted by sudden deprivation of accustomed stimulants in exciting attacks of ordinary delirium tremens. It is probable, however, that in a vast majority of such cases the directly exciting causes are the deficient assimilation of food, the anxiety and the nervous strain which go hand in hand with a period of debauch, and which persist after the ingestion of alcohol is stopped. Neither is the occurrence of the malady to be imputed to the directly poisonous effect of a large amount of consumed alcohol, since acute alcohol poisoning, in persons unaccustomed to the use of alcohol, gives rise to stupor and death, but not to delirium.

Traumatic delirium tremens occurs because chronic changes in the nervous tissue or blood, or perhaps in both, have rendered the alcohol drinker susceptible to such an outbreak upon the application of any disturbing influence. The receipt of injury is a sufficient perturbing force, especially if the patient be on the verge of an idiopathic attack. It has been thought that the use of beverages containing amylic alcohol (fusel oil) especially predisposes to delirium tremens.

The alteration in nerve structure or blood, which is the essential pathological factor of delirium tremens, is unknown to us. At autopsies, an abnormal amount of serum is usually found in the substance, and within the ventricles of the brain; meningeal congestion and hemorrhage are often seen; the cells of the gray matter, the cerebral connective tissue, the lymph spaces and the vessels may show sclerotic or fatty changes; and the liver, kidneys and digestive tract may exhibit the characteristic lesions found in chronic alcoholism; but there is nothing to which we can point as the distinctive lesion of delirium tremens.

The initiatory symptoms of traumatic delirium tremens are sleeplessness at night, and slight tremor, which is readily noticed by ordering the patient to hold out the hand with widely-separated fingers. Subsequently, restlessness, insomnia and tremor increase, and delirium is shown.

The delirium, which is often first exhibited at night, is peculiar. The patient sees numerous small animals or insects creeping over the bed and about his person, or is pursued by some hideous spectre. Hence, he is constantly endeavoring to eject the vermin from his clothing, or trying to escape the persecutions of his tormentor. I have now under my care a patient with traumatic delirium tremens, after an open fracture of the leg, who imagines that elephants are moving over his bed and tramping on his legs. He may, in his efforts to get rid of these disgusting and distressing annoyances, leave his bed and fall from a window or down a flight of steps. The mental condition is one of depression, trepidation and great activity. He is exceedingly restless, and is constantly chattering in a low tone, but, though he may cry out because of fear, he shows little or no maniacal excitement. He is good-natured, not prone to violence, and can often be aroused, by emphatically spoken words, to an understanding of his surroundings; but he soon relapses into the previous incessant chattering and motion. Very often a single idea recurs again and again to his delirious fancy, and not infrequently the delirium has a comical or tragedo-comical aspect. The muscular tremor is not like the twitching of tendons seen in asthenic conditions, but resembles the shakiness, from want of co-ordination, seen in cerebro-spinal sclerosis. Often there is hurry in movement, and the limbs or tongue will then be thrust forward with a jerk. The tremor of delirium tremens reminds me much of the movements that would be expected in an association of chorea with sclerosis of the nervous centres.

During these symptoms, the patient is unable to sleep, is incessantly in motion, and has a bright eye with dilated pupils, and an unsteady, restless look. He exhibits a moist, flabby, tremulous tongue with a whitish fur, desires no food, has constipated bowels, and passes a scanty, high-colored urine. In idiopathic delirium tremens of moderate severity there is no great acceleration of the pulse, and the temperature does not rise much above  $100^{\circ}$ , except during active muscular exertion. In those graver cases, which Magnan calls febrile delirium tremens, the bodily heat is apt to remain in the neighborhood of  $102^{\circ}$ — $105^{\circ}$ , though there is no inner-current affection to keep up the temperature, and the pulse rate is also increased. In traumatic delirium tremens the constitutional



disturbance, due to the wound, affects the pulse and temperature. The patient will often remove the dressings from his wound, or subject the injured limb to violent motion without appearing to experience pain.

Traumatic delirium tremens arises, as a rule, within two or three days after the receipt of injury, and lasts usually not more than five or six days. The illusions are apt to continue during the night, even after the patient has become convalescent and quite rational in the daytime.

The peculiarity of the tremor and delirium renders the diagnosis easy. If my view of its causation be correct, the existence of the characteristic symptoms is evidence of previous habits of stimulation; but it is not always well to mention this suspicion, nor to call the disease delirium tremens, since the patient's friends may be unaware of the existence of such habits.

Death may occur from exhaustion, coma, or some intercurrent affection, and is sometimes inexplicably sudden. The character of the traumatism may determine the mode of death. Pneumonia is frequently associated with idiopathic delirium tremens. It is often, in fact, the exciting cause of the delirious outbreak, and, of course, in traumatic cases greatly diminishes the chances of recovery. When the temperature shows a tendency to remain high without a sufficient traumatic cause, and especially when the tremor affects all the muscles of the trunk as well as those of the head and extremities, and is not arrested during sleep, the prognosis is bad. A history of previous attacks of the disease renders the outlook more grave.

In considering treatment, it is important to bear in mind that delirium tremens is an asthenic condition. There is action, but it is the activity of weakness, not of power. Depressants are therefore injurious. Five or ten grains of calomel, or one or two seidlitz powders, may be administered in the beginning of the disease, or when its occurrence is feared, because of the anorexia and gastric derangement. Concentrated liquid food, bitter tonics and capsicum add to the patient's strength, and tend to give tone to the impaired digestive organs. Bathing and mild diuretics may be employed, in the endeavor to eliminate the alcohol that has entered the system. Chloral hydrate (gr. x.-xx.) with potassium bromide (gr. xxx.-xl.)

should be given every two or three hours, as soon as sleeplessness and slight tremor are noticeable; no visitors should be allowed in the room. If the development of the attack is not prevented, the same treatment is continued but the doses may be increased. The object is to quiet the nervous system and induce sleep. In this endeavor an occasional dose of morphia (gr.  $\frac{1}{4}$  to  $\frac{1}{3}$ ), may be combined with the chloral and potassium bromide. The excessive use of opiates is undesirable, for it is not narcotism that is desired, but sleep; cerebral congestion is induced by over-dosing with morphia. If fatty heart exists, opiates should be pushed, perhaps rather than the chloral and potassium bromide. The combination treatment with the three hypnotics allows the surgeon to diminish or increase each element according to indications. Tincture of digitalis (m. x.-xxx.) every two or three hours is valuable in cases of weak but not fatty heart, where there is palor and cyanosis with probable anæmia of the brain. Strychnia also has been recommended in delirium tremens. Mechanical restraint, with the straps and the straight jacket, is only to be adopted when efficient watching and soothing by attendants is impracticable. All such apparatus excites the patient, and is very liable to interfere with respiration. The best appliance is a loose but strong garment consisting of trousers and shirt, in one piece, with loops attached for fastening the patient in bed. Fractures should be dressed with plaster of Paris bandages, because ordinary splints will probably be displaced by the patient. If failure of vital powers is to be feared, alcoholic stimulants in small amounts administered only when food is given, are judicious, because in chronic drinkers digestion will sometimes not go on sufficiently without the aid of alcohol. Such failure of assimilation in delirium tremens may turn the scale against the patient. Whiskey or brandy (fl.  $\mathfrak{Z}$ ii.—fl.  $\mathfrak{Z}$ iv. during the twenty-four hours) in the form of milk punch or egg-nog, is probably the best form of administration. Many patients will not require any stimulants. Vomiting occurring in delirium tremens is to be treated by milk and lime water, cracked ice, effervescing drinks, bismuth sub-nitrate, pepsin and carbolic acid mixtures.—*Quarterly Journal of Inebriety.*

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*Have you Subscribed for this journal? If not, suppose you do so just now.*

**The Phrenologist.**

One of the experiences of life which is not given every one to enjoy is seeing a phrenologist haul in his net of gudgeons. Being a thing whose revelations are more apt to stimulate anyone's vanity than to help him along in the world, phrenology is always sure of credulous devotees. It flourishes best on rural soil, though when well watered it grows fairly in metropolitan atmosphere.

As the curious business is generally managed, the phrenologist—"world renowned," according to the circulars—has his lair behind a screen, in a large room, generously furnished with plaster of paris heads, mapped off in sections, and pictures which indicate the business. Thither penetrates the youth who thinks a man who has never before set eyes on him knows more about his head than he does himself.

When he sits down his face is grave and anxious to ghastliness; when he gets up he has a stunned expression. The knowledge imparted to him has stupefied him. He has more head than he thought he had, and he thought he had a good deal. His brain swells as he thinks of the kind of fellow he is, and how unconscious he has been of his own greatness hitherto.

He pays his dollar, or two, or three, or five, in a dazed way, and with an emphatic feeling that he never got so much for so little money before. Perhaps he has had a chart made out. In that case his mind dwells on it all the way home, and the way he will surprise everybody who thought they knew him and didn't—for be it known that, though he doubts his own knowledge of himself and the verdict of his father and mother and all the neighbors, he never doubts phrenology nor the perfect honesty of its apostle whom he has just patronized. He will doubt that the earth doth move, doubt that the stars are fire, doubt truth and all the virtues, but he never doubts that the man who filled out his chart can read heads as clearly as he can read the signs on lamp-posts. In years to come he will look over that chart—it will become a habit to look over it and talk about it, and he will still believe in it. To be sure, he traveled a different road from that which the chart said he was adapted to illuminate; he has not achieved the measure of greatness which phrenology assured him he should; but that does not shake his faith in his favorite science. Circumstances, not phrenology, are to blame

for his falling short of his chart. In his inmost soul to his dying day he believes in that awful map, that represents him as he would have been if he hadn't been handicapped by fate.

A curious glitter comes into his eyes whenever he speaks of the science of phrenology. The subject stirs his blood, and puts him in a good humor with himself, though it gives him a poor opinion of the rest of mankind. He can't help but see that everybody—yes, everybody, except the man who examined his head—is utterly oblivious to his greatness. In spite of all his philosophy this embitters him somewhat towards an unappreciative world. He finds a dubious sort of comfort in steering a conversation into phrenological channels. It gives him an opportunity of asserting his unshakable belief in “the neglected sciences.” Perhaps he does a little diagnosing of character that way himself. It lifts him above the common herd in his own mind. Any way, his faith in his chart is a deathless thing, not to be upset or destroyed even by the confuting evidence of a long and badly ordered life. He may lose confidence in his fellow men, surrender his most cherished friendships, submit to adverse ruling in his love affairs, outgrow his religion and set aside some of his best beloved hobbies, but he dies faithful to phrenology.

As each victim makes his exit from the head-delineator's clutches, it is worth while to take a look at the face of that renowned world enlightener. It is singularly composed and unreadable. If there are disparities between the charts and the heads, there is no record of them in the professor's visage. Everything like an expression has been discharged therefrom.—*San Jose (Cal.) Herald.*

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**BORACINE.**—Dr. Thornton Parker states that the compound to which this name has been given consists of boric acid, glycerine, menthyl salicylate, menthol, thymol, and eucalyptol. Used in solution it is a satisfactory dressing for wounds, there is no danger from poisoning, and it does not produce inflammation of the wound or surrounding tissues. It is useful in chronic otorrhœa or chronic discharge from the nasal passages, also for diseases of the rectum. Used as a thick paste it is well adapted for treatment of chronic ulcers of the legs. As an injection in cystitis or for diseases of the eye it is also useful, and it has given excellent results in the treatment of chronic eczema of the scalp.—*Journal of the Am. Med. Association.*

**REPORTS OF SOCIETIES.**

**Delegates to the International Medical Congress.**

At the National Eclectic Medical Association, which met in Atlanta, Ga., June 16th, 17th and 18th last, a committee was appointed to suggest individuals to represent this body at the International. The following report was made and unanimously adopted:

ATLANTA, June 17, 1886.

TO THE NATIONAL ECLECTIC MEDICAL ASSOCIATION:

We, your committee, appointed to select twenty-five delegates and alternates to represent this Association in the International Medical Congress at its sessions in Washington, D. C., 1887, would respectfully report the following named members:

**DELEGATES.**

1. Edwin Younkin .....Missouri.
2. A. Jackson Howe .....Ohio.
3. Anson L. Clark..... Illinois.
4. S. B. Munn .....Connecticut.
5. Alexander Wilder .....New Jersey.
6. L. T. Beam .....Pennsylvania.
7. John King .....Ohio.
8. L. E. Russell..... Ohio.
9. Henry B. Piper .....Pennsylvania.
10. Milbrey Green.....Massachusetts.
11. J. A. McKlveen.....Iowa.
12. I. J. M. Goss .....Georgia.
13. R. J. Thornton .....Alabama.
14. T. Arthur Wright .....Kansas.
15. A. C. Sherwood ..... California.
16. Wilson H. Davis.....Illinois.
17. Albert Merrell .....Missouri.
18. John M. Scudder .....Ohio.
19. T. J. Batchelder .....Maine.
20. G. Hermann Merkel .....Mass.
21. J. R. Duncan ..... Indiana.
22. Richard E. Kunze.....New York.
23. George Covert.....Wisconsin.
24. Charles Band .....Nebraska.
25. H. S. McMaster .....Michigan.

**ALTERNATES.**

1. J. H. Tilden..... Kansas.
2. J. A. Jeancon..... Kentucky.
3. R. E. Bennett ..... Illinois.
4. W. F. Linquist..... Connecticut.
5. G. W. Boskowitz..... New York.
6. B. L. Yeagley .....Pennsylvania.
7. J. F. Lock .....Kentucky.
8. J. C. Butcher ..... Ohio.
9. Henry Yeagley.....Pennsylvania.
10. Robert A. Reid ..Massachusetts.
11. E. D. Wiley ..... Iowa.
12. Wm. M. Durham..... Georgia.
13. J. W. R. Willson ..... Alabama.
14. Noah Simmons.. .... Kansas.
15. John C. Stout.... .... California.
16. J. G. Bemis ..... Illinois.
17. Geo. C. Pitzer..... Missouri.
18. John V. Lewis ..... Ohio.
19. N. R. Martin ..... Maine.
20. R. W. Geddes .....Massachusetts.
21. W. F. Curryer..... Indiana.
22. Byron W. Pease ..... Connecticut.
23. S. S. Judd .....Wisconsin.
24. C. Edwin Miles...Massachusetts.
25. V. S. Baker .....Michigan.

Respectfully submitted,

E. YOUNKIN,  
L. E. RUSSELL,  
L. T. BEAM,

WILSON H. DAVIS,  
S. B. MUNN,  
*Committee.*

It is earnestly suggested that both the delegates and alternates be in Washington at this meeting, and that they go there in the interest of American Medicine and Surgery. There may be some attempts at hedging, by a few American cliques, divided by paper walls, but all Europe bids us come, and the spirit of progressive medicine in America says come, and—we are going.

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### **National Eclectic Medical Association.**

The next meeting of this body will be at Waukesha, Wisconsin, in June, 1887. Dr. S. S. Judd, of Janesville, has already taken time by the forelock and engaged hall and headquarters, and has arranged even to carriage hire. So that the aged and infirm, Doctors King, Miles, Green, Duncan, Stratford, Munn and others, as well as the young, may be taken to the Silurian and Bethesda Springs and pools of Siloam. The Wisconsiners have begun early, and we have every reason to believe that the half will not be told us until we get there.

The town of Waukesha is one of the most beautiful in all the famous and richly diversified landscapes of Wisconsin. Situated upon the Fox river, the principal feeder of the Illinois, adds to its attractions. It was settled in 1835 by emigrant pioneers from Indiana and the Eastern States, who were not slow to avail themselves of its admirable facilities for water power. The charming beauties of nature pointed also to the pretty sites for homesteads. Within the last few years Waukesha has grown rapidly, and while retaining all the delightful characteristics of country life, it presents many of the advantages and conveniences of the city. It is mainly these reasons that induced the National Association to select this place for its next meeting, where, as a recreation, the members can take their wives and families to enjoy the springs and breathe the pure air of the lakes, while attending to one of the most important duties in professional life.

Waukesha has long been a favorite rendezvous for sportsmen, for the plateau upon which the village rests is surrounded by a circle of hills, just beyond which are innumerable lakes, ranging from one to seven miles in length, and swarming with gamy fish. Hence the scenery, the healthy climate, and the opportunities for sport have all combined to attract the tourist, and the result has been the growth

of a flourishing settlement, charming alike to those who seek merely recreation or rest, and those who are in pursuit of relief from disease. The hotels, of which there are many, have fully done their part in bringing about this effect, and the resident families, noted for hospitality, are always ready to open their doors to strangers arriving from a distance, and provide them with quiet, cosy and comfortable homes. The accommodations of the hotels themselves are better and more ample than any to be found elsewhere in the West, outside the large cities. The Fountain House, for instance, built of stone and pressed brick, is four hundred and fifty feet long by one hundred and fifty wide, and three stories high above the basement. It is the largest, best managed, and most popular hotel in the Northwest. The Park Hotel, opposite the Silurian Park, the new National Hotel, Fox River House, the American, the Park View, Hadfield House and Arlington, and in the large private boarding-houses as many as forty persons are often entertained at once under the same roof. The greater number of the private residences and many of the streets are beautifully adorned with shade trees, often meeting and arching overhead, and forming by their branches a protection from sun or shower. The trim lawns and the many-hued and fragrant flowers in the gardens add to the charm of the scene, and altogether in many respects Waukesha presents the appearance of a clean, bright, tidy and flourishing New England village. It has a population of more than 5,000 of thriving and industrious citizens, living and carrying on business in well-built and substantial houses and blocks. In fact, there is everything to please, sufficient energetic work going on to give the visitor food for thought and observation, and every quiet comfort to rest the weary or aid in effecting the cure of the sick, who have sought its mineral waters as a pleasant and singularly efficacious beverage, and a pleasant bath. So abundant, and so multiform, indeed, are the attractions of Waukesha, that it has become the most popular watering place west of the Alleghanies, and fully deserves the encomiums lavished upon it by the brilliant society which gathers here annually from every section of the Union. It has not inappropriately been called "The Saratoga of the West." That there is no more delightful "Summer Resort" is the emphatic opinion of the thousands who go there annually.



**Proceedings of the Eclectic Medical Society of Missouri.**

TO THE ECLECTIC PHYSICIANS OF MISSOURI—*Gentlemen:*—Your Committee on Publication, appointed at the last meeting of the Eclectic Medical Society of Missouri, have concluded not to put out the Transactions in pamphlet form until after the next meeting, which, we think, will be held on or about the first of June, 1887. In view of this fact, I herewith transmit a synopsis of the Transactions of the last meeting:

The Eclectic Medical Society of Missouri met in the main lecture room of the American Medical College, at 10 o'clock A. M., Oct. 6, 1886, President E. J. Williamson in the chair.

Roll called, and all officers were present.

The President then read his annual address, which was replete with good things, giving, as it did, the history of Eclecticism and reform in medicine, from its origin from Beach up to the present time. He said that the Eclectic practice is the original and only American practice of medicine, etc.

The President then appointed, as a temporary Board of Censors, Drs. A. V. Thorpe, J. M. Manes and Otto F. Voigt.

Secretary Hamlin then presented to the Society his annual report. He had kept up a large correspondence with the Eclectics in the State, and had collected and turned over to the Treasurer \$82.00, and he hoped this year to be able to report double that amount collected. He suggested that the meeting be held at some other time of the year than the fall months. Report accepted.

Communications from Drs. T. H. Hunt and J. E. Calloway were then read.

Dr. Wm. M. Gates offered his resignation, which was accepted, and his name ordered dropped from the list of members.

Prof. E. Younkin, M. D., then read a paper, entitled "Practical Aphorisms in Surgery," which was full of interest to all present, and was well received by the Society. It will appear in the published Proceedings.

After a clinic by Prof. Younkin, the Society took recess until 2 o'clock P. M. Adjourned.

Promptly at 2 o'clock President Williamson called the meeting to order. All officers present.

The Board of Censors presented the name of Dr. W. J. Atkinson,

of Clarksburg, Mo., and recommended his election to full membership. He was elected.

The Treasurer's annual report was read and accepted.

The time for holding the next meeting was discussed at some length, by Drs. Younkin, Thorpe, Voigt, Williamson and others, and finally it was agreed to lay the matter over till the following day.

Dr. O. F. Voigt then read a very able article, entitled "Chloroform and its Effects." The paper was discussed by the Society.

By motion and second, eleven o'clock on the following day was set apart for the election of officers for the ensuing year.

Adjourned to 9 A. M., Oct. 7, 1886.

*Second Day's Proceedings.*—The meeting was called to order by the President at 9.30 A. M. All officers present.

Section "A" reported the following paper by title: "The Early Diagnosis of Tuberculosis," by R. L. Galbreath, M. D., of Carthage, Mo.

Dr. J. L. Ingram was re-instated to full membership.

Under call for Section "F," Prof. Pitzer said, as to Dermatology, that physicians usually succeeded in the department of practice they liked. He had not had a very brilliant experience in that line of practice, but he was a warm advocate of special therapeutics. He was positive that certain drugs did influence the system in a uniform and direct manner—apoc. can. in dropsy, for instance, etc.

The Board of Censors reported the following names for permanent membership, and they were all elected: Dr. W. S. Miller, Bagnell, Miller Co., Mo.; Dr. John F. Harris, Goldsberry, Macon Co., Mo.; Mrs. C. A. Gibbs, M. D., 1810 Morgan street, St. Louis, Mo.; Dr. J. T. Shipley, Salem, Kansas.

Prof. E. Younkin presented a circular from the Anatomical Society of Missouri, entitled "Proposed Statute Regulating Dissections, to be Substituted for the Existing Statute in the Revised Statutes of Missouri of 1879, Sec. 6309, *et seq.*" The resolution, as read, was adopted, and the Secretary ordered to notify the members of said Anatomical Society of the action taken by this Society.

The following resolution was adopted: That the meetings of this Society be held at some other time of the year than during Fair week.

The following officers were then elected (and re-elected) for the ensuing year, to-wit: E. J. Williamson, M. D., President; A. V.

Thorpe, M. D., Vice-President; M. M. Hamlin, M. D., Secretary; Edwin Younkin, M. D., Treasurer; Geo. C. Pitzer, M. D., Cor. Sec.

The following were elected delegates to the National Eclectic Medical Society; Mrs. C. A. Gibbs, M. D., Drs. A. V. Thorpe, W. J. Atkinson, Otto F. Voigt, J. F. Harris, H. H. Brockman, J. M. Manes, W. S. Miller, J. L. Ingram, E. J. Williamson, M. M. Hamlin, E. Younkin. The President and Secretary were authorized to complete the list to fifteen delegates by appointment.

The following resolutions, by Dr. M. M. Hamlin, were adopted:

*Resolved*—That a committee of three, to be known as the Publication Committee, be appointed, whose duty it shall be to have the Proceedings of this meeting, together with the "Papers," Constitution and By-laws, printed in pamphlet form.

*Resolved*—That the said committee be hereby authorized to draw its warrant on the Treasurer to pay for said Proceedings, etc.

The President, Secretary and Treasurer were selected by the Society as said Committee on Publication.

The Society was then treated to several very interesting clinics.

The Society, after a thorough discussion of the question, heartily recommended that County or District Societies be organized and maintained all over the State, wherever a sufficient number of Eclectics could be found to justify an organization. These Societies to be auxiliary to the State Society.\*

*Resolved*—That the Constitution be amended to read that *two* delegates be admitted to the Eclectic Medical Society of Missouri from each organized body of Eclectics, be they County, Senatorial, or Congressional District organizations.—Signed, E. J. WILLIAMSON.

The resolution was laid upon the table, to be acted upon at the next meeting.

Section work will be continued next year—the President and Secretary to appoint officers for the different sections.

*Executive Committee*.—J. M. Manes, M. D., Mrs. C. A. Gibbs, M. D., O. F. Voigt, M. D.

*Board of Censors*.—J. L. Ingram, M. D., W. J. Atkinson, M. D., John F. Harris, M. D.

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\* We hope that Eclectics in every Senatorial District in the State will appreciate the advantages accruing to them by a District organization, and proceed at once to agitate the matter in their District.—SEC.

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| The Treasurer reported—Cash on hand.....              | \$81 71  |
| Received at this meeting.....                         | 30 00    |
|   | <hr/>    |
|   | \$111 71 |
| Paid to Dr. Pitzer, printing minutes last meeting.... | 25 00    |
|   | <hr/>    |
|   | \$86 11  |

Adjourned.

M. M. HAMLIN, Secretary.

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**Address to the Eclectic Medical Society of Missouri.—**

BY A. MERRELL, M. D., Member of the State Board of Health.

*Gentlemen* :—Recognizing the influence wielded by the medical profession, and its opportunities for promulgating correct views on all matters relating to public health, the State Board of Health of Missouri, at a recent meeting, appointed committees to lay before the various State medical societies a statement of its present status, and its plans to secure the benefit to the commonwealth which were intended by its organization. The writer was designated to perform this duty before your society, and begs leave to present the following statement :

The Board was originally organized under the provisions of an Act, providing for a State Board of Health, which went into effect July 1st, 1883. The Board was charged with the duty of enforcing the provisions of this Act, and also what is known as the Medical Practice Act, which became operative the same date. As provided for by the latter Act, the registration of all physicians, surgeons and accoucheurs practicing within the State was attempted. This work was deemed an essential preliminary, in order to provide the Board with information needed to promote the effective performance of its duties, such as the collection of vital statistics, reports of pestilential outbreaks, etc. The conditions of registration as interpreted by the Board, and their attempts to enforce the penalties provided for non-compliance with the law, created such opposition as to seriously impair its usefulness. This opposition was so brought to bear on the members of the Legislature as to cause them to entirely lose sight of the fact that the real ground for the creation of the Board was to ascertain and remove, if possible, all conditions tending to impair public health ; that the registration of physicians was a necessary preliminary, and, however imperfectly attained, the proper

regulation of medical practice is an important condition of success in attaining this paramount object of the law. The Legislature made no financial provision for the support of the Board, and its existence was thus jeopardized.

In compliance with the urgent request of medical gentlemen and others, who believed the interests of public health required the continuance of a Board of Health, Governor Marmaduke filled the vacancies caused by resignation and expiration of term of service, and the Board as now organized came into existence. Without any funds for expenses, and with the antagonism then existing, the outlook was not encouraging. The members of the Board believed, however, that by directing their attention chiefly to the public health, not neglecting but subordinating all other questions to this most important one, they would secure and deserve the support of the people of the State. This has been the policy of the Board, and it has been carried out so far as possible without funds and local health organizations to co-operate in its work. The nature of these efforts will be fully set forth in the report of the Board to the Governor, to be published in January, 1887. The results are by no means satisfactory to the Board, but as it indicates the direction and scope of what should be done with proper support, they hope it may prove valuable as a means of securing better provision for the future.

The people, their representatives, and many even of the medical profession, are imperfectly informed of the benefits to the State of a well-conducted public health service and control. An ill-founded prejudice exists with many against all efforts in this direction. This arises from ambiguity in expressing in legislative enactments the proper limits of State authority in interfering, for the public good, with private property, enterprises or responsibilities. Some would deny this right altogether, but surely if the State has the right to control or interfere with individual action for the security of its citizens from crime, against their property or persons, the same right must be conceded for their protection by control of the important conditions of public health.

Every intelligent person who will give the subject thought can readily see in what manifold ways the health of masses of our citizens can be jeopardized through individual action of ignorant, avaricious, selfish or careless men or women. It is not only a right,

but a duty the State owes to its citizens, to protect them against such crime, whether committed ignorantly or maliciously. Furthermore, the history of epidemics in this and other countries shows clearly that there are many matters affecting public health that can be dealt with by the authorities of a community alone, and that such action has been productive of the greatest good. Of this nature, examples are measures to control and arrest infectious diseases, the proper disposal of the dead, the control of the water consumed, the removal of excreta and other refuse, supervision of nuisances, the regulation of trades in matters affecting health, the control of quality in food supplies, the conditions of habitations, public and private institutions, the conditions of open lands, forests and streams affecting health, etc. These various departments of work are more efficiently carried on through aid of the information obtained by collection of vital statistics, which are means of ascertaining the causes of sickness and mortality, and the relation thereto of social conditions, employment, environment, etc.

The registration of births, deaths and marriages, when effective, furnishes a reliable record of events, often essential to the just distribution of property, and also by its requirement serves to prevent or detect crime. Through the study of such statistics we gain a more correct appreciation of the natural causes of disease, and laws of its distribution and conditions of communication. With such knowledge, a wiser sanitary legislation and administration must follow, and result, as we believe, in decisive benefits to the human family in the never-ending struggle with disease and death.

A well-organized sanitary service, directed by a Board of Health invested by law with such powers as can be discreetly exercised, and provided with abundant means to secure effective work, will in the near future be recognized as a necessary safeguard against the creation and continuance of conditions unfavorable to public health. The work of such a Board will increase in importance from year to year, and will call for the highest scientific and administrative ability in its membership. Compensation for such labors commensurate with their importance is essential. The State has no right to expect such service otherwise. Such a Board should have the hearty support of all good citizens. Mistakes in law can be corrected, and errors in administration eliminated, as experience accu-

mulates. In its work it deals with questions of the greatest delicacy, and that mistakes should occur is too common an experience in life to cause surprise ; but with a hearty determination on the part of law-abiding citizens to improve the law as the conditions require, the injury from errors will cease. The term of service of part of the members of the present Board will soon expire, and a re-organization will again be required. If legislative provision for the support of the work of its successor can be secured, the present Board will feel that its efforts under such discouraging circumstances will not have been fruitless. Our present laws are imperfect, and amendment in several particulars will be recommended to the next Legislature. These recommendations are designed to clear up ambiguities and supplement the deficiencies in the present law, not to make radical changes therein. Fuller particulars will appear in the annual report, but space and time forbid their enumeration here.

We bespeak your influence as physicians and citizens with your legislative representatives, toward securing to the State what was intended in the laws as they now exist, but which are powerless for benefit without both financial and moral support.

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THE next meeting of the Tennessee Eclectic Medical Association will be held in Nashville, at the Commercial Hotel, on the 8th and 9th days of February, 1887. All Eclectics are urged to attend, as there will be business of importance.—W. H. HALBERT, Secretary, Lebanon, Tenn.

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THE Fourteenth Volume of *Transactions of the National Eclectic Medical Association* is in the printer's hands. If any have neglected their papers or reports, they will do well to address the Secretary, Dr. Alexander Wilder, at once, at Newark, N. J.

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HEPATIC COLIC.—Prof. Bartholow had at his clinic a patient with *hepatic colic*. who was not jaundiced. "The stone may be of such a size," said he, "that suffering is produced by its passage through the cystic duct, while it passes without pain through the common duct, and without obstruction ; therefore jaundice is not produced. To keep the bile alkaline and so prevent the further formation of gall stones, give persistently sodium phosphate or chlorate."—*Am. Med. Digest*.

**MEDICAL ITEMS.**

**SALICYLATE OF LITHIUM IN RHEUMATISM.**—M. Vulpian has read, before the Academie de Medecine, a summary of the results of his experiments on salicylate of lithium in articular rheumatism. He states that his experiments indicate that lithium salts are not so poisonous as they are supposed to be. Salicylate of lithium is not more dangerous than salicylate of sodium, and can be administered in almost equally strong doses. In acute articular rheumatism, salicylate of lithium relieves the pain which often remains in the joint after the swelling has disappeared, whereas colchicum and salicylate of sodium have no effect. M. Vulpian believes that salicylate of lithium is especially beneficial in fibrous rheumatism. In progressive sub-acute rheumatism, M. Vulpian has seen salicylate of lithium produce great improvement. Salicylate of sodium has been successful in such cases and produced amelioration of the patient's condition; but both greater and more lasting benefit is obtained by salicylate of lithium. In chronic articular rheumatism, M. Vulpian has found salicylate of sodium useless, whereas salicylate of lithium has had a marked effect on the joints, which become less swollen than before the treatment. In order to obtain evident results, four grammes, sometimes four and a half or five grammes, must be given daily. Larger doses are followed by toxic symptoms. This drug sometimes induces headache and deafness, but is never followed by the distressing noises which characterize treatment by salicylate of sodium. The headache and deafness disappear quickly. —*London Med. Record.*

**IODOLUM—IODOL.**—This drug is prepared from pyrol, by precipitating it with iodine dissolved in iodide of potassium. It is a brown or reddish-brown powder, nearly inodorous. It is almost insoluble in water, but dissolves readily in alcohol, ether and chloroform. In 1885–86, iodol was tested in the syphilitic wards of Rome as a dressing for ulcers. It acted upon them as a stimulant, like iodoform—was used as a powder upon the raw surfaces, or on prepared gauze, or in vaseline ointment, or suspended in glycerine, or in an alcoholic solution diluted (iodol 1 part, alcohol 16 parts, glycerine 16 parts). As a dressing, it does not seem to be poisonous. In *lupus* it showed a healing power, after injections were made in the



morbid tissue. In *fungus* of the joints its alcoholic solution shrivelled the vegetations and cured. In cancer of the rectum and uterus it has promoted cicatrization when applied on tampons. Applied as a fine powder, or 20 to 30 per cent. vaseline salve, it has been found useful in *pannus*, *corneal opacities*, *serous iritis* and *blepharitis*. I have found it useful in chancre and suppurating bubos, used in powder with bismuth or vaseline, as the case may demand.

LANOLIN.—This, the latest addition to our therapeutic resources (*Practitioner*, xxxvi. 453), has been favorably commented upon by Dr. Walter Smith. Lanolin is a neutral fatty salt of cholesterin, and according to Dr. Smith is possessed of the following properties: It is capable of absorbing and intimately blending with large amounts of water, standing thus in marked contrast to popular notions of the mutual relations of water and fats. It is neutral to test-paper, is not liable to rancidity, and is not easily saponified by alkalies. It is miscible with glycerine, unlike other fats. It rapidly, and in a remarkable degree, possesses the power of penetrating the epidermis. It greatly facilitates the absorption through the skin of drugs mixed with it. He has found it of use in eczema and psoriasis, and in rheumatic exudation, and he also recommends it for acne and chapped hands. For general use he advises that its stickiness is best counteracted by admixture with one-eighth or one-fourth of another fat, *e. g.* castor oil. A few minims of oil of lavender or eucalyptus oil may be added to impart an agreeable odor to the ointment.—*Brit. Med. Journal*.

SUBNITRATE OF BISMUTH AS A DRESSING.—1. Subnitrate of bismuth possesses antiseptic properties at least equal to those of iodoform. 2. No poisonous effects are to be apprehended, as in the employment of iodoform. 3. The subnitrate of bismuth, being a chemically indifferent substance, does not irritate the wounds; secretion is diminished. 4. Its action is very prolonged, though not vigorous, so that the dressings do not require to be frequently changed, and rest is insured for the wounds. 5. There is no action at a distance, nor does any specific effect attach to it. 6. It does not afford protection against erysipelas and other wound diseases, at least no more than iodoform. 7. It is no disinfectant, but as an antiseptic it keeps the wounds pure. 8. All wounds capable of healing by

first intention can do so when dressed with bismuth. 9. It also represents an excellent material for forming scabs under which epidermis can grow over the wound. Its use on granulating wounds has not, however, been sufficiently studied as yet.—*Annals of Surgery*.

**SWEATING FEET.**—M. Vieusse, principal medical officer of the Medical Hospital at Oran, states that excessive sweating of the feet, under whatever form it appears, can be quickly cured by carefully conducted friction with the subnitrate of bismuth, and even in the few cases where this suppresses the abundant sweating only temporarily, it still removes the fetidity which often accompanies the secretion. Dr. Vieusse has never found any ill consequences to follow the suppression or the sweating.—*Laws of Life*.

**MENTHOL IN UTICARIA AND PRURITUS.**—Among the myriads of remedies for these troublesome affections, we have no other which affords such complete and instantaneous relief as a solution of menthol. Not only is the itching relieved for the time, but a cure seems to be effected. In pruritus and in eczema, moistening the parts with menthol solution causes an immediate cessation of the pain. The solution should contain from two to ten grains of menthol to the ounce of water.—*Amer. Jour. of Pharmacy*.

**OINTMENT FOR GLANDULAR AFFECTIONS.**—R. Ext. belladonna, ʒj.; ung. hydrargyri, ʒiv. Dr. Kæmmerer asserts that the judicious use of this ointment, when used in time, will prevent suppuration, cause the enlargement or swelling to disappear, and the gland to resume normal action. Indicated in strumous and syphilitic affections.

**BELLADONNA IN ECZEMA.**—In case of infantile eczema, Professor Bartholow, besides directions given as to diet, placed the child (two years of age) upon tinct. belladonnæ, gtt. v., ter die, or sufficient to cause dryness of the mouth. The object in view is to affect the cutaneous circulation, and thus bring about a cure.—*Med. Record*.

**TO CLEAN TARTAR FROM TEETH.**—Dry hypochlorite of lime, ʒss.; red coral, ʒij. Triturate well and mix thoroughly. To employ it, moisten a new brush slightly, dip it into the powder, and apply to the teeth. A few days' use will produce a marked alteration in the appearance of the teeth.—*Scientific American*.

**TANNIN IN NASAL POLYPUS.**—M. Martin states that injections of tannin, one part to ten of distilled water, morning and evening, prove efficacious in mucous nasal polypus. If continued for some time a tannate will be formed, which will become detached, restoring respiration by the nostrils.

**REMOVAL OF PLASTER OF PARIS BANDAGES.**—With a camel's-hair pencil paint a strip across the bandage, at the desirable point for division, with ~~a~~ strong solution of nitric acid, or even strong vinegar. The acid will so soften the plaster that it may be readily cut with a jack-knife.

**ERGOT IN THE EXCESSIVE FLOW OF MILK.**—Dr. Evetzky states that ergot checks excessive flow of milk, and is capable of suppressing it entirely. It should be used when the mammary gland becomes swollen and inflamed in consequence of weaning the child, or from other cause.

**THE PHOSPHATES IN PHTHISIS.**—R. Sodii phosphat., ʒjss.; potassa phosphat., ʒj.; syr. auranti cort., ʒij.; vini (claret), fl. ʒvij. M. A wineglassful taken after each meal. This is a prescription recommended by Dr. Dujardin Beaumetz, to improve general nutrition.

**SORE NIPPLES.**—Wash with tincture of benzoin. The benzoin forms a varnish over the cracked surface, and this protects them during the act of nursing, and does not interfere with lactation. Under this treatment they will generally heal in from five to ten days.

**INCONTINENCE OF URINE IN CHILDREN.**—Dr. Janeway says ergot, belladonna and iodide of iron prove more useful for incontinence of urine in children than either of the drugs alone, or than any other combination which has been tried.

**GLYCERITE OF IODOFORM FOR GOITRE.**—Dr. Boechat claims better results from glycerite of iodoform than with iodine or iodide of potassium. He paints the parts with the glycerite, and protects it with a coating of collodion.

**CARBOLIC ACID IN FELONS.**—Dip the finger in carbolic acid and let it remain for half an hour prior to lancing, and the cutting will be almost destitute of pain, much to the astonishment of the patient.

# THE AMERICAN MEDICAL JOURNAL

OF SAINT LOUIS, MO.,

A Monthly Journal of Medicine and Surgery and the  
Allied Sciences.

*Subscription Price, \$2.00 a Year in Advance.*

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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and reserves the right to condense lengthy articles.

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## EDITORIAL.

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### Salutatory.

"Happy New Year" to all our readers. Another year is gone, another year has come. Time, with its flitting changes, bears us onward to other scenes. I trust that we have renewed our resolves to work still more for the glory of our profession. We have not yet achieved the *ne plus ultra*, but feel that in seas unexplored there is still more beyond.

We desire to return our sincere thanks to the many friends who have given us their kindly greetings, even before our first issue passed the press. We did not expect, so soon, to be favored with such commendations, and while they have thus early imposed this trust, we shall surely strive to merit their confidence.

We have not, as yet, been fully adjusted to our editorial chair, but in a few weeks or months, at most, we shall hope to win a deeper

approbation. We have set out to publish the AMERICAN MEDICAL JOURNAL in the interest of the medical profession, and time will tell whether our labors and projects are bestowed in vain, or whether we are able to accomplish the good expected of us.

We mean to spare no pains in gathering ideas and collecting professional information from all sources, irrespective of pathy or school. We are determined to be unlimited in our resources, believing this to be the only legitimate way of publishing a medical and surgical journal in strict harmony with the genius and spirit of our age and country.

We shall oppose everything mean, puerile, and unprofessional, and commend that which is noble and law-abiding. Occupying a platform so imposing, we shall look not for accusations of being limited, bigoted and narrow. We do not expect to please all; we only promise to do the best we can. We start out without an enemy on earth; in the balance of life we don't expect to do quite so well. We intend this Journal to be "an epistle read and known of all men." Its character may not be as divine as the man who first uttered this sentence, but its rank, we hope, shall not be the lowest in the scale of journalism. Every subscriber is entreated to contribute his interest in every way just and commendable; and we want everybody to like us, while we dare to speak the truth.

A glance at the names of our *special* contributors will convince every one that we have, in store, something good for 1887. These contributors have all promised to give us the best of their cogitations, and their reputation in the medical profession requires no comment. We will, however, make special mention of Mr. R. T. Etavard, a good French and English scholar, now completing his course in medicine in the American Medical College, whom we have engaged to give us, every month, translations from the best French medical journals.

To our advertisers, we would say that we expect to widen the field of opportunity; to do this successfully we feel it incumbent upon us to make the reading matter in the body of the Journal abound in professional interest. No writer need hesitate in recommending any particular article, but let it be without detriment and without reflection. It is our firm conviction that the less objectionable the reading matter, the greater will be the advantages both to subscriber and the advertiser.

This Journal now reaches a very large number of readers every month, and its popularity we hope to maintain.

We shall be glad to be placed in direct communication with all our friends. We shall listen to any suggestion, and heed that which has for its object the general welfare of that profession we love so well.

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### Extirpations of the Uterus.

The following methods have been employed in extirpating the uterus in cases of cancerous affections of that organ :

*Freud's Operation.*—After a thorough cleansing of the vagina with antiseptic irrigation, the parieties of the abdomen are opened in the usual way, the intestines are drawn out of the pelvic pouch, and the broad ligaments are transfixed on each side of the uterus by three ligatures, which are made to interlock when tied. The first loop passes through the ovarian ligament and edge of peritoneal covering of the Fallopian tube, and secures the ovarian vessels ; the second loop passes through the round ligament, and secures the pampiniform plexus.

When the first two loops have been tied on each side, the ovaries and tubes are cut away, and the uterus is drawn out of the pelvis by a ligature passed through the fundus. Lifted in this manner, the surgeon makes a transverse incision through the peritoneum, between the uterus and bladder ; the bladder is then peeled back, and the incision is carried through into the vagina. The uterus is now held forwards, and the peritoneum divided transversely behind the uterus to the same extent as in front, and the vagina opened through the cul de sac of Douglass. The uterus is now held merely by small portions of tissue on each side ; this tissue, however, contains the uterine arteries. The third loop on each side (up to this time remaining untied) is now passed through into the vagina by a special grooved needle, and tied round the tissue containing the uterine arteries. The small bridges of tissue on each side are then cut through, and the uterus is removed. Any bleeding points remaining, they are now secured with carbolized silk ligature—the ends cut short. A large T shaped rubber drainage tube is then placed in the deep parts of the wound, with its central limb in the vagina. The edges of the peritoneal wounds are brought together by interrupted suture,

so as to shut out the tube and raw surfaces from the peritoneal cavity. The abdominal incision is then closed in the usual way.

In his later operations, Freud has abandoned the peritoneal suture, and leaves the ligatures which transfix the broad ligaments uncut and hanging out in the vagina.

*Schroeder's Operation.*—The vagina and uterus having been thoroughly irrigated with an antiseptic, the patient is placed in the lithotomy position, in a good light. The operator seats himself in front of the perineum, and seizing the cervix with a strong vulsellum he draws down the uterus, and gives the instrument to an assistant to hold. He now cuts through the vaginal mucous membrane clear around the cervix. The Douglass pouch is then opened, and two fingers enter over the fundus of the uterus in front, thus separating the uterus and bladder; the fundus is then retroflexed and forced into the vagina; the broad ligaments are now transfixed and ligated on each side, and the uterus drawn down, separated and removed—the ovaries remaining. The broad ligament pedicles are secured in the angles of the wound by sutures, and a drainage tube inserted and packed with antiseptic cotton or gauze.

Schroeder had thirty-three immediate recoveries out of thirty-seven operations, so that the operation is not so dangerous as it would appear to be.

Brenecke has performed extirpation of the uterus through the vagina eighteen times, with but three deaths. In the three that died the operation was attempted merely as a palliative measure.

Brenecke's experience is that twenty-five per cent. of all the cases of cancer which he sees are fit subjects for this operation, and of this per centage scarcely one-half were in an early enough stage to hope for a radical cure.

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### **The Electro-Cautery in Membranous Dysmenorrhœa.**

The *London Lancet* says that Dr. P. Landowski spoke at the recent Congress at Nancy in favor of the action of the electro-cautery in membranous dysmenorrhœa. He expressed his belief that, though this condition is doubtless chiefly met with in women who suffer from cachexia, or some general disease, still the general condition is very frequently the consequence rather than the cause of the uterine disorder. He mentioned two cases in which he had applied the galvano-cautery, the os being first dilated, and the time chosen

being five or six days after the cessation of menstruation. In one of the two cases a complete cure resulted. In the other, the pain accompanying menstruation was relieved, but a piece of membrane the size of a penny was expelled at each recurrence of the period. This was probably due to a portion of the intra-uterine wall having been insufficiently touched with the cautery.

At the same Congress, M. Apostoli stated that he had employed the intra-uterine galvano-cautery in a large number of cases of chronic metritis and endo-metritis, with very great success. He does not confine the patient to bed during the intervals between the applications, and improvement very quickly follows the first cauterizations.

The author compares this method with that of scraping the intra-uterine wall with a sharp spoon, and considers that it has the advantages over the latter of being capable of exact graduation, of being more easily localized, and of not being so instantaneous. The result of the cauterization is to cause the formation of a new and healthy mucous membrane.

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The above tickets may be transferred to any one designated, or in case of a failure to obtain the required number, then 50 cts. for every \$2.00 will be credited upon the purchase of such ticket.



**Perforation of the Uterus.**

Dr. McLean (*Am. Jour. of Obst.*) says that he recently witnessed the removal of a fibroid polypus from the interior of the uterus, the spoon-saw being used by a skillful operator. While using the instrument, it suddenly perforated the wall of the uterus, and penetrated into the peritoneal cavity to one-third of its length. The patient recovered without any bad symptoms.

**Note and Comment.**

**SLEEP AS A MECHANICAL OPERATION.**—A writer on the philosophy of sleep declares that sleep is prevented by an excess of blood in the brain, and proposes, as a remedy, to pump the blood back from the brain by a peculiar method of breathing, for which directions are given as follows: Having assumed the usual posture of repose, the person is to inhale, slowly and steadily, long breaths, devoting the whole attention to making the inhalations and exhalations exactly the same length—the length to be much greater than that of ordinary breathing, although not sufficient to disturb the circulation by working the lungs to the utmost capacity. In support of this theory reference is made to the feeling of faintness produced by filling the lungs with all the air they will hold and then expelling it, repeating the operation rapidly three or four times; the resulting faintness is attributed to the withdrawal of blood from the brain, and the same effect, substantially, follows any sudden and extreme emotion. So violent a disturbance of the system, however, is not advised for the purpose here sought, but a steady and gradual diversion of the blood from the brain to the lungs and body.—*Globe-Democrat*.

Over a year ago I inserted a note in this Journal, how to produce sleep by full breathing. Before this, I had never seen a suggestion on this point, and my remarks were from actual experiment. In the sleepless hours, if the person reflects on his method of breathing, he will find that the respiratory efforts are quiet and feeble, only filling the larger air tubes and the vesicles remain empty. Thus the blood is not sufficiently oxygenated. Breathe full with a slow and steady inspiration and expiration, say for half a dozen times, and in the majority of instances before the acts are completed you have lost the memory of them in sleep.

**DIPHTHERIA NOT A SEWER-GAS DISEASE.**—Under this title, the *Medical Record*, May 1, 1886 (Editorial), quotes from Dr. Erwin F. Smith's paper (Report of the Michigan State Board of Health, 1885), in which he claims to establish the following propositions: "(1) Diphtheria is as frequent in the country as in the city; i. e., in non-sewered as in sewered districts. (2) Diphtheria has been more frequent and fatal in certain rural districts than in any city whatsoever. (3) Diphtheria is not more frequent or fatal in sewered cities than in unsewered ones. (4) Of two given cities, equally well or ill-sewered, diphtheria, during a long series of years, may be widely prevalent in the one and rare in the other. (5) Certain sewered cities have never suffered seriously from diphtheria, while others have been afflicted very much worse in recent years (i. e., since the houses have been protected from sewer-air) than formerly, when with the same sewers, but much less perfect plumbing, flushing and ventilation, the sewer air found its way into a majority of the houses. (6) When an epidemic of diphtheria appears in a city, the sewered and unsewered portion generally suffer alike. (7) No relation of interdependence can be traced between diphtheria and the sanitary state of a city, such, for example, as enables us to predict with almost absolute certainty the typhoid fever mortality of a city from a knowledge of its sanitary condition, or conversely, the sanitary condition from its typhoid mortality. (8) The annual mortality from diphtheria fluctuates greatly, and this, too, in cities where the sanitary conditions are very nearly constant. (9) Diphtheria is a disease of cold weather, being most active when putrefactive decomposition in sewers is presumably least so. (10) Diphtheria is a contagious disease, transmissible from person to person and place to place, like small-pox and scarlet fever. (11) The closing of schools and other places of public gathering checks an epidemic; and the isolation of the sick from the well, with the subsequent proper disinfection of the sick-room and its contents, extinguishes it. (12) The data to be relied upon to prove a connection between sewerage and diphtheria either cover too short a period to be trustworthy, or are drawn from single cities having incomplete and defective sewerage.

"If these propositions be true, it follows as a necessary corollary that there is no direct relation between sewers and diphtheria."

These conclusions are based upon a study of the vital statistics of a large number of European and American cities and districts.

Diphtheria is now prevailing in different parts of the country, and our own city has been aroused by our Health Officials taking precautions to prevent the spread of the disease.

The worst case of diphtheria I ever saw, was in 1862, on a day, high, rolling prairie, away from stagnant water and sewer-gas. Families, from three to six children, would all take the disease, and, within that many days, be all buried in one grave.

Chlorate of potash, tinct. mur. of iron, sulphite of sodæ, and many other drugs were tried without effect. Gargles of potass chlor., iron persulph., carbolic acid, caustics, etc., but to no purpose.

We are now using salicylate of sodæ, tincture phytolacca, tinct. aconite rad., and the disease yields, as a general thing, in a few days, but we do not see the very great severity now that we saw years ago. Some are trying to revive the old methods of treatment. They advocate calomel in its purity; calomel in large doses; calomel frequently; calomel to free catharsis. This drug has been weighed in the balances and found wanting. In the present state of our knowledge we have no specific for the disease. We see fit in some cases to give boracic acid, in others, bichromate of potash. We have almost entirely abandoned the local touches with caustics or severe applications. Children that struggle we do not punish with throat gags. A gargle with some mild antiseptic wash, where it can be used without fighting the patient, may do some good as a disinfectant. Stimulating liniments to the neck are beneficial. We generally use the volatile ammonia liniment with turpentine.

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### Scraps and Personals.

THE *Courier Journal* says, that "some people estimate the ability of a periodical and the talent of its editors by the quantity of its original matter. It is comparatively an easy task for a frothy writer to string out a column of words upon any and all subjects. His ideas may flow in one weak, washy, everlasting flood, and his command of language may enable him to string them together like bunches of onions, and yet his paper may be but a meagre and poor concern. Indeed, the mere writing part of editing a paper is but a small portion of the work. The care, the time employed, in

selecting is more important. and the fact of a good editor is better shown by his selections than anything else, and that, we know, is half the battle. But we have said, an editor ought to be estimated, his labor understood and appreciated, by the general conduct of his paper—its tone, its uniform, consistent course, aims, manliness, dignity, and its propriety."

THE AMERICAN MEDICAL COLLEGE OF ST. LOUIS has a good class this winter, and its clinics are better supplied than ever before. The college holds a nine months' session, running regular lectures until June.

CONSUL TANNER estimates the beer product of Germany of 1885 to be 1,100,000,000 gallons—enough to form a lake more than a mile square and six and a half feet deep.

THE December number of this journal is all exhausted; we print this month an extra thousand copies to supply the demand.

THE *National Druggist* guesses iodoform to be what the fellow wants who writes thus: "Sir—I have cut my foot Bad with an ax. I want you to send me some Powders. I have forgotten the name of it. The color of it is *yellow*, and it Stinks like the *devil*. I have none of its being used on a sore. Anything else that's good send it along, and oblige." — — —

THE consumption of quinine in the United States during 1885 is estimated by an authority at 81½ tons.

DR. GEO. M. MOCKBEE, of Hillsborough, Mo., was married, last month, to Miss Jessie E. Green. Correct, doctor; you took a degree of medicine and surgery with us in 1882. The marriage degree, however, is quite essential to a finished education.

A LARGE NUMBER OF SPECIMEN COPIES of this journal is sent out this issue. Old subscribers should renew at once if they expect its regular visits. Now is the best time to renew—now is the best time for new subscribers to begin!

THROUGH the horror of being buried alive, Dr. A. H. Scott, of Centralia, Ill., directed that at his death his heart should be taken from his body, to make sure of death. He died in November last, and his order was obeyed by his friends.

WE would be glad to have even a postal from every one who reads this issue. Tell us how you like it. We send out sample copies to many, but to be a regular reader is to be a regular subscriber.

THE *National Druggist* says, that the French press is inclined to poke fun at M. Pasteur, and relates that a Tonquin expeditionist entered the scientist's studio with the remark: "I would like to be inoculated against the hydrophobia."

"M. Pasteur: When were you bitten?"

"Expeditionist: Well, I was not exactly bitten, but I entertain suspicions about one of the dogs which I ate."

THANKS to our old subscribers; they all say, "Go on, go on, go on."

APHTHOUS SORE MOUTH IN INFANTS.— Use on a swab every two or three hours the following: R. Sodii sulphitis, grs. xxx.; glycerine, water, aa. 3 ss. M. Keep the nursing bottle clean. The rubber nipple should be turned inside out after each using, washed clean, and kept in a solution of baking soda until again needed. Milk should not be allowed to stand in the bottle until it gets sour.

WILL our exchanges please notice the change in the address of this journal, and make the correction. Address all communications to the present editor,

E. YOUNKIN, M. D.,

1015 Garrison Ave.,

• St. Louis, Mo.

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## BOOK NOTICES.

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### THE EIGHTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS

Is before us, and it shows that between March and December, 1885, over 300,000 houses and premises were inspected. These inspections embraced every material condition affecting health. The result was the discovery of nearly half a million defective conditions and nuisances prejudicial to health, over ninety per cent. of which were abated or remedied by the close of the year. The death rate from filth diseases in Chicago was reduced over fifteen per cent., and there is no question but that much of this decrease was due to the house-to-house inspection. There are 6,000 practitioners of med-

icine in Illinois; 454 were added during the year, and 114 rejected for failing to comply with the law. The certificates of eight were revoked for unprofessional and dishonorable conduct. The probable cost of preventing the spread of Asiatic cholera in Illinois, should it become epidemic in this country, is placed at \$84,000.

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**COURIER-REVIEW CALL BOOK.**—By E. M. Nelson, M. D. Published by J. H. Chambers & Co.

In compiling this little reference book the editor has endeavored to keep in mind the wants of the practitioner at the bed-side, and to gather together here such matters as will be most helpful in the everyday or occasional emergencies which he encounters. It is a difficult matter to make a call book to suit individual tastes, and some might, therefore, suggest improvements. A slight revision is needed. That, however, does not affect the usefulness of the book. \$1.00.

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**INTER-STATE NOTIFICATION IN THE HISTORY OF YELLOW FEVER AT BILOXI, MISS.** An extract from the proceedings of the Sanitary Conference of State Boards of Health, held in New Orleans, June 2-4, 1884.

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**RELATION OF QUARANTINE TO SHIPPING INTERESTS.**—By Joseph Holt, M. D.

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**LA GOUTTE, SA NATURE ET SON TRAITMENT.**

We have just received from Paris, France, a treatise on Gout, its Nature and Treatment, by Prof. Ebstein, of Goettingue, translated into French by Dr. Chambard; with an introduction by Prof. Charcot.

The anatomical, physiological, pathological and chemical researches open the scene, and hold the first and largest place—so much so, that at a first glance the clinical part seems to have been sacrificed, but a closer examination reveals that the latter gains in precision that which it loses in number. It would certainly be unwise to entirely ignore physiology in searching for the origin of the disease. We know that to penetrate more deeply than has heretofore been done into the intimacy of these morbid states, where disorders of nutrition play the fundamental role, that it is important that the clinician be both a physiologist and chemist—a combination

which is rare, and upon which we congratulate Dr. Ebstein of having realized.

A succinct analysis of the work would but give a foretaste of it, but even that would acquaint us with the theories and treatment of this affection. The reader is sure to meet in each page, whether in a scientific or practical direction, some valuable information.

We would add, that in the preparation of Dr. Ebstein's work the publishers have made extra efforts to insure the success which it deserves. The translation by Dr. Chambard is what might be expected, excellent. Chromo-lithographic plates illustrate anatomical details heretofore but little known, and perhaps never before seen. We have, however, a regret to express, and that is that the author has not found occasion to utilize some suggestions made by Prof. Bouchard, on gouty affections and diseases of retarded nutrition; it is an oversight which we hope to see corrected in a future edition.

The work is a handsome, well printed, 200-page pamphlet, printed in French, and illustrated by 12 chromo-lithographic plates, etc.—E.

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### *PERISCOPE.*

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#### **Ingluvin.**

It has been a favorite saying among the more distinguished of our profession, that there are a few essential drugs without which the practice of medicine would be impossible, and that when we have selected these few, the great multitude of articles in our *materia medica* are comparatively useless. This is a very true idea. With calomel, opium, castor oil, quinine, mercury, and a few such standard drugs, the physician is usually equipped to meet all emergencies. Almost weekly some new drug is brought to our notice, but in many instances, after trial, it is found either inferior to, or no better than, those which we already have, and its use is dispensed with. But it does sometimes happen that we are offered an article of such undoubted merit that it is warranted in taking rank with the *standard* articles of our *materia medica*. Such an article is ingluvin. (Ingluvin is a refined substance prepared from the *ventriculus callosus gallinaceus*, the gizzard of the domestic fowl, *gans domesticus*.) It is the essential principle of the gizzard, and bears the same relation to poultry that pepsin does to the higher animals.

A favorite prescription of Chinese physicians for chronic indigestion is to cut up and digest chicken gizzards in hot water until they are reduced to a pulp, and then add some spices. A tablespoonful or two of the resulting paste is taken at each meal until the patient has entirely recovered. From China the practice passed to other parts of Asia, and was adopted here and there among the Mediterranean peoples. Strange to say it was never learned by the great nations of Europe until the latter part of the present century.

The diseases in which the use of ingluvin is indicated are indigestion in its various forms, known as dyspepsia, and for sick stomach or nausea caused by debility of that organ. It was originally discovered to be a remedy, indeed a specific, for vomiting in pregnancy; in this respect it stands above all other medicinal agents. In all that is here set forth the manufacturers claim no more than is sustained by medical authority of the highest standard.

In ingluvin the physician has what might be called a specific for a sickness which in many cases has hitherto been uncontrollable.

Ingluvin is a powder of a yellowish, gray color, and may be prescribed in the same manner, dose, and combinations as pepsin, three to ten grains. The pulverulent form is considered more desirable, and it can be administered either dry or in water, milk or tea. In sickness in gestation, the dose may be increased to ten or twenty grains.

The following will make a nice formula in which to prescribe it for vomiting of pregnancy. It was thus used successfully by Dr. George F. Meeser of this city : *R.* Ingluvin, ʒj. ; bismuth subnit., ʒss. *M.* Div. in chart xii. *Sig.* One every three hours.

Oxalate of cerium may be prescribed with it, one to three grains to each dose.

Dr. Shelley recommends the following formulæ for diarrhœa, cholera infantum and marasmus: Infant formula—*R.* Ingluvin, gr. xij. ; sacch. lac., gr. x. *Misce.* et ft. cht. No. x. *Sig.* One every four hours. *R.* Aquæ calcis, fʒij. ; spts. lavand. comp. ; syr. rhei arom., aa fʒj ; tr. opii., gtt. x. *Misce.* *Sig.* A teaspoonful every two to four hours. For adults—*R.* Ingluvin, ʒj. ; morphinæ sulph., gr. jss. *Misce.* et ft. cht. No. xii. *Sig.* One every four to six hours. *R.* Aquæ calcis, fʒijss. ; spts. lavand. comp., fʒss. ; syr. rhei arom., fʒvj. ; tr. opii., fʒss. *Misce.* *Sig.* Dessertspoonful every two to four hours, or after each evacuation.



The substance ingluvin without any combination has also yielded almost constantly satisfactory results.

Dr. Roberts Bartholow, who probably stands to-day as the greatest authority on materia medica in this country, speaking of ingluvin, says :

“Ingluvin has the remarkable property of arresting certain kinds of vomiting—notably the *vomiting of pregnancy*. It is a stomachic tonic, and relieves *indigestion, flatulence and dyspepsia*.

“The author's experience is confirmatory of the statements which have been put forth regarding the exceptional power of this agent to arrest the vomiting of pregnancy. It can be administered in inflammatory conditions of the mucous membrane, as it has no irritant effect. Under ordinary circumstances, and when the object of its administration is to promote the digestive function, it should be administered after meals. When the object is to arrest the vomiting of pregnancy, it should be given before meals.”—*Med. and Surg. Reporter*.

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### Pasteur Again.

“Each week, each day, as it passes, brings new strokes of the ax to the colossal scaffolding constructed by M. Pasteur and supported only by the credulity of his contemporaries. Reports which reach us each day from France and from beyond its borders, demonstrate with their evidence that the chemist of the ‘rue d’Ulm’ does not cure rabies, and that ‘l’Ecole Normale’ has been during the last six months the theatre of a comedy unworthy of French science. All this flimsy edifice crumbles to-day before facts; in a few months there will be nothing left, and the prophet of ‘l’Ecole Normale’ will retain about him only a few rare fanatics of the new religion.”

Thus writes the editor-in-chief of the *Journal de Médecine de Paris*, in beginning an article relating the history of a child who died from rabies, after having been pronounced cured by Pasteur. The death of this child was reported to M. Grancher on the 7th of June, yet this professor, who is called “Pasteur's right hand,” failed to communicate this at the celebrated conference held at the barracks of Loban, towards the end of June. Not only did M. Grancher keep the death of this child secret, but he took the precaution to write to the honorable confrères who attended the child, begging

them not to report this mishap, *as the child might possibly have died of meningitis*. A reason for this secrecy may be found in the fact that the child having been inoculated six days after being bitten, Pasteur could not retrench further the time allowed for efficacious inoculation without rendering the method impracticable.

Only a short time ago it would have been an unpardonable heresy to have acknowledged skepticism as regards the beneficial results of Pasteur's inoculations. Now, almost every week brings us some article showing that the scientific world is awakening from the dazed condition caused by the flourish of trumpets from the "Ecole Normale," and insisting that Pasteur's experiments should be tested by the same rigid scientific standard that every scientist should not only expect but desire.

One writer, Dr. G. Archie Stockwell, in the *Therapeutic Gazette*, while acknowledging that what we know of the ferments of anthrax, chicken cholera, vine and silk worm disease, is in a great measure due to his labors, reminds us that the flat failure of prophylaxis in the swine plague should render us cautious in accepting all the assertions of Pasteur without question.\*

Of course in the experiments on animals it was necessary to determine whether the animals were or were not mad. For this, Pasteur, a man altogether without medical education or training, formulates a series of symptoms which might really be caused by traumatism at the time of inoculation. In the case of Joseph Meister, which is so extensively quoted as evidence of the efficacy of the *method* on account of the number and severity of the bites, it must be remembered that the wounds were cauterized immediately, and that the dog which did the biting was promptly killed and pronounced rabid because hay, straw, and other extraneous articles were found in the stomach at the autopsy. Now, Dr. Spitzka, of New York, declares that "of more than forty canine vivisections in

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\*Mr. Horsley will find it a very difficult matter to keep any rabbit inoculated with fresh brain material, by trephining, alive. I have been struck by the fact that, preserving the brain of ordinarily healthy animals, inoculation from which proved fatal or serious on the first day, according to Pasteur's method, diminishes its "virulency," and that inoculations practiced with it after the fourth day are perfectly harmless.—Dr. E. C. Spitzka, in *Brit. Med. Jour.* for Oct. 30, 1886.

the laboratory of Professor Henry Draper, in not a single subject was the stomach found without foreign bodies, such as *spools, strings, coals, ashes, hay, straw, tops, leather, rags, buttons, etc.* That it is the invariable rule I can further corroborate from personal experience in numerous canine autopsies and dissections."

The experiments of Professor Frisch, of Vienna, have also been unfavorable to Pasteur.

To test the value of the *method*, Frisch inoculated sixteen rabbits by trephining, fifteen having been subjected to preservative injections and one left for comparison. They all became rabid on the sixteenth day, and died on the twenty-first. Six other animals were inoculated with a preparation of the cervical medulla from a mad dog, but instead of trephining the virus was injected hypodermatically. Three of these were subjected to preventive treatment and the other three kept as a test. *None of these six animals became rabid.* These experiments would seem to show:

1st. That rabies can be determined absolutely by inoculations of the nervous centres, in which case preventive treatment is inefficacious.

2nd. That when the virus is introduced by the skin, rabies does not necessarily follow.

It is but fair to say in conclusion that M. Pasteur at the reading of his last communication enjoyed an ovation at the Academy of Sciences, where he was complimented by the president, who begged him to persevere in his researches without being discouraged by hostile criticisms.

"Go ahead," says M. Jurieu de la Gravière, "and the whole Academy will uphold you in your triumphal progress." At the Academy of Medicine M. Pasteur gave a second reading of this communication, and evoked expressions of the greatest satisfaction from M. Verneuil. "To-day's communication," said the eminent professor, "has done ample justice to these dark doings (the criticism of the incredulous). M. Pasteur can henceforth advance in the path of progress without heeding his obscure critics."

The last few lines are quoted from a correspondence to the *London Lancet*. We thus see that even in France Pasteur's results do not seem to be universally adopted, though he seems still to be a popular idol.—*New Orleans Med. and Surg. Journal.*

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## *ORIGINAL COMMUNICATIONS.*

### **LIFE AND MIND.\***

BY ALEXANDER WILDER, M. D.

John Hughes Bennett says: "Our modern view of life is not that it is independent of matter, but a condition of matter; in other words, that material substances found in the atmosphere, and in plants and animals, influenced by certain forces, have peculiar properties communicated to them. These properties are, the power of growth in certain directions, contractility, sensibility, and mental acts—the exercise of any one of which constitutes life."

This explanation is very well defined in respect to particulars, but, after the manner of all empirical writers on profound questions, leaves the real problem unsolved. It relegates the subject beyond the scientific domain. At the same time, nevertheless, it does not leave us without some clew to follow in philosophic exploration. While indicating that life is a condition of matter, it likewise sets forth that the peculiar properties relating to it are communicated to material substances by the influence of "certain forces." It is plain to the humblest understanding that the forces which impart life in this way must themselves be living principles, or the avenues of a Superior Cause.

Then, too, this matter, of which life is represented as a condition, itself requires to be understood. We know nothing of it except

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\* Submitted at the Annual Meeting of the National Eclectic Medical Association, at Atlanta, Georgia, June 17th, 1886.

through our corporeal senses, and sometimes it is deceptive to them. The very word itself confesses a vital dependence upon a higher energy. Indeed, Professor Huxley admits that matter is properly to be considered as a mode of thought; and the profounder Faraday, in 1844, proclaimed his own conviction of the immateriality of physical objects. "What do we know of an atom, apart from force?" he boldly demands. Boscovich, the Italian naturalist, also repudiated the scientific conjecture of the existence of ultimate and indivisible atoms, and declared that what we call *matter* is resolvable, in its last analysis, into points of *dynamic* force. This conclusion of the eminent savant seems to divest it of all positive character, and of every quality which is usually ascribed to it. A point is without magnitude or dimension, and so matter, when thus resolved, disappears from the world of time and space, to subsist entirely in the realm of force. It is *dynamic*—i. e., endowed with power, possibility, capability. But a dynamic principle is not originative, or even capable of existing by itself. It is negative, and thus receptive of the positive *kinetic* or energising force, and by virtue of interblending with it becomes the *material* or maternal principle that gives external existence to things. Nature is the mother of us all.

It does not appear so very certain that each condition has its limitations, which may not be overpassed. We may justly question whether the quantity of matter in the globe or elsewhere is precisely determined; the dimensions certainly are not. It may also be asked whether matter never became or ceased to be matter, and whether the elements, as they are usually denominated, do not undergo transmutation. The analogies of nature do not sanction the notion of perpetual sameness in its several departments. We have no warrant for the assertion that gold is and always has been gold, silver always silver, iron always iron. Gold has been declared to grow and increase while in the ore, and lead will disappear under the galvanic current. The affinities of chemical atoms, and their variableness, indicate the elements to be compounds of simpler material; and if this is the case, there can be but very few primal substances—enough for the evolving of force.

We have no valid excuse, however, for the endeavor, by this hypothesis of force in matter, to dodge around an honest and sincere acknowledgment of the Supreme Being. If there were not life be-

hind the manifestations, there would be neither force nor matter, neither created thing nor energy. Every minute particle must have a measure of life peculiar to it; and that life is operative in the polarising principle, which we denominate *magnetism*. The universe is alive all the way through; even the stars, earth, stones and corpses. Anything *really dying* would, that very instant, cease to be. We can form no idea of an atom or nucleus apart from its inhering energy. As all plants and animals are constituted corporeally of solidified air, so by analogy of reasoning all matter is the product of solidified forces, as in the symbol of the *Genesis* woman was produced from the Adam. If we can conceive of spirit or mind as subjective and as *positive energy*, and that it can in some arcane way become objective and negative, we may form the concept of the source and originating of matter. One solitary particle would be nucleus sufficient for the producing of a universe.

“In nature and art,” says Schelling, “the essence strives first after actualization, or exhibition of itself in the particular.” Life is universal in all the world of matter. It operates in the mineral under the form of *polarity*, and disposes every molecule in its relative position to the others, exhibiting the phenomena of chemical affinity, shaping crystals, and even producing fanciful assimilations to the guise of trees and other vegetable structures. In the plant, by a similar operation, a double stem is produced, the one growing downward and the other upward. Every now and then we observe somewhat of an instinct impelling the roots to reach out for water and nourishment, and the branches to seek the sunshine—and the stock itself fashioned as if after the analogy of the spinal cord, with its outgrowing nerves extending in various directions. In the animal kingdom the same energy operates by similar laws. The instinct which in the vegetable induced a growth in the directions where light, warmth and moisture were to be obtained, is further developed as appetite for food, and differentiates into various other forms, as the fear of danger, apprehension of famine and inclement weather, affection for offspring.

The organic world also participates in the creative operation. The air-plant secretes potassium, a metal not existing in the air or rain; the snail, the oyster and the coralline produce lime; the diatom makes flint, and so on. The notion of transmutation popularly attributed to the alchemists is thus realised.

Thus we perceive that creation, from the simplest molecule to the highest animal, is distinguished by manifold metamorphoses and innumerable gradations of development. Polarity is manifest by attraction and repulsion, producing chemical affinity, and even causing the mineral to approximate to the conditions of the vegetable. It induces the plant to exhibit the similitude of animal instinct, and expands, in the animate races, into corporeal sensibility. It even forms and gives direction to our likes and dislikes; we are attracted to some as possessing affinity of nature and disposition to ourselves, and repelled from others as antipathic and inimical. Nor is it often prudent or wholesome to disregard these natural safeguards, which are common to human beings and to animals alike.

In this stage of its development life has become more than the mere existing. It is characterised by desires, impulses and emotions. The various combinations of these—the affections, hope, joy, contentment, and the opposites, hate, fear, anxiety, jealousy, anger, grief, melancholy—make up our moral being. The normal equilibrium of this department of our nature constitutes health and mental soundness, and its disturbance results in bodily disorder and insanities.

So far, the mind is to be regarded as an expansion and exaltation of the vital force. It is an endowment of animal races as well as of human beings. The psychic nature is correspondent to the corporeal. Its manifestations are in strict analogy to bodily conditions, and the organic forces are correlative with the common forces of what is denominated the inorganic world.

Nevertheless, the mental department of the human constitution extends far beyond the sphere of the organic, psychic and vital forces. There are faculties transcending these, and to them these are subservient. While, therefore, it is not unusual to speak of the mind as comprising the disposition and inclinations, we nevertheless understand it as being of a broader scope and a higher nature. It also includes the memory, understanding and imagination. These are qualities which the animals do not possess; they are peculiar to human beings alone. Hence the animal, however exquisite its sensibilities and other endowments, is a world apart from man. There is no connecting link between the two orders, and the "missing link" is only a fond dream of naturalists.

Descartes, the French philosopher, taught that the entire soul was comprised in the thinking faculties, but he also included with them the desires and feelings. Sir William Hamilton follows the German psychologists, and assigns a superior range of powers to the interior nature, declaring "that the mind exerts energies and is the subject of modifications of neither of which it is conscious." Fichte expressly affirms that "no organic activity is possible without the co-operation of thought, which thought can unquestionably exist only in the soul. Inasmuch, however, as it precedes sensation—the principle by which consciousness is awakened—it must necessarily remain unconscious. The acts of the morphologic and physical impulses are not conceivable without the constant operation of this same instinctive power and unconscious thinking." It is clear, therefore, that what are called vital force, nerve force and mind force are correlated and interchangeable, the one into the other. The supersensuous intellectual part of our being belongs in the forefront. All that there is of us in nature and endowment is for the sake of this. It is the essential part of our being—the older, nobler, eternal life.

The twofold aspect of our mental and psychic being is in perfect analogy to the structure of the body. Plato, in his Discourse upon the Genesis of Things, in the *Timaios*, sets forth that the *immortal* principle of the soul was originally with the Deity, and that the body was made for its vehicle, but that there was likewise a soul of mortal nature placed in the body. This soul was subject to the affections of desire, grief, temerity and fear, anger hard to be appeased and hope. These two psychical natures are kept distinct by being assigned to different parts of the corporeal structure—the inferior soul to the body, and the nobler soul or intellect to the head, which he declares to be "man's most divine organism, and the ruler of our entire composition."

The organic conformation of the body strikingly verifies this delineation. There are two distinct nervous structures corresponding to the twofold psychic quality. The sympathetic or ganglionic system belongs to the interior organism of the body, and has its principal centre at the epigastrium, at the very point at which, according to the great philosopher, the impulsive or passionate nature comes in contact with the sensuous and appetitive quality; while the cerebro-



spinal nervous system has its chief seat in the head. The ramifications of the two are, however, more or less interblended, and this enables both to exercise their distinctive offices in concert, each as auxiliary to the other.

The ganglionic system performs the vital or organic functions, which are essentially different from those of the reasoning faculties, and give us simply the notion of LIFE. It directs and controls secretion, nutrition, respiration, absorption, calorification, and, in short, all glandular action. The solar or semi-lunar ganglion at the pit of the stomach is the centre of this entire structure, and the throne on which sits the lord and arbiter of the house of life. It is the first organ of the body formed in the embryo period; and from it, as from a germ, proceed the other ganglia and nerve tissues, in due series and gradation. It is the foundation laid before the superstructure is built. All the various parts of the body are outgrowths from this beginning. The nervous tissue of the ganglionic system is so universally distributed that it is interwoven with every part of the organism; and its ramifications are so numerous that a needle could be thrust nowhere in the body without wounding or destroying very many of them. Dr. J. C. Davey declares that it constitutes a great part of the volume and weight of the whole body. Mr. Quain adds also the following testimony: "As to the sympathetic nerve, so far from being in any way derived from the brain or spinal cord, it is produced independently of either, and exists notwithstanding the absence of both. It is found perfectly formed in acephalous infants, and therefore does not rise mediately from the brain; neither can it be said to receive roots from the spinal cord, for it is known to exist as early in the foetal state as the cord itself, and to be fully developed, even though the latter is altogether wanting." Blumenbach also declares: "The nervous system of the chest and abdomen are fully formed while the brain appears still a pulpy mass."

Of this ganglionic system, instinct is unequivocally a function. It is manifested by the human being even in infancy in common with the lower animals; and it is in no way amenable to the reasoning faculty, or to be cultivated. "The organic nervous centres," says Dr. B. W. Richardson, "are the centres also of those mental acts which are not conditional, but are instinctive, impulsive, or, as they are most commonly called, emotional."

All emotions, accordingly, make themselves manifest through this part of the corporeal economy. Every new phase of life, every occurrence or experience, that we encounter, indicates its effects immediately upon this central organism and the glandular structures. Every function is influenced by emotional disturbance. We lose our appetite for food, we are depressed and languid, or cheerful and buoyant, at the gratification or disappointment of our hopes, or at some other affectional excitement. A careful consideration of the several forms of disease will disclose an analogy and often a close relation between each malady and some type of mental disorder. The passions, fear, grief, anger, and even sudden joy, will invade the vital centres, paralyze the ganglionic nerves, disturb or interrupt the normal action of the glandular system, modify the various functions of life or suspend them, and when sufficiently intense even result in death. If we were to push our enquiries through the whole catalogue of disease, we would, by exploring this department very generally find their principal causes.

The brain—or more comprehensively, the cerebro-spinal nervous system—is the organism of sensation, thought and the intellectual faculties. The *medulla oblongata* is the beginning of the whole structure; and in its development it exhibits the law of polarity as distinctly as the seed of a plant or tree. In one direction, the rudimentary cells of the spinal column are extended, and, in the other, the fibrous projections, which in time become the cerebellum and all the organism of the common sensorium; the last in the order of development being the cerebrum or brain proper, of which the coronary part is never complete till long after birth. The medulla is the centre of the cerebro-spinal system, and maintains a perfect accord and correspondence with the solar ganglion and organic nerve-structure. It imparts energy to all parts of the encephalon, enabling the organs of special sense, the brain itself, and the lungs, to perform their several offices. It is the *gnômon* signifying accurately and unerringly the normal or morbid conditions of the whole body; and guides the sagacious diagnostician accordingly in his explorations.

The mental faculties, both of the *phrenic* and *epistêmonic* or higher intellectual order, have the brain for their principal organ and medium of external activity. They may be very appropriately

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enumerated as threefold in their arrangement and classified accordingly—as the *sensuous*, having their seat in the ganglia and other structures of the common sensorium; the *reasoning*, which belong with the parts immediately above, parallel with and including the forehead; and the *supersensuous* or intellective, which are allied with the coronal region of the brain. The sensuous nature is closely allied with instinct, and is manifested earliest of all in life; and its domination in the character is often denominated *selfishness*. Its preponderance in later years denotes arrested development, analogous to dwarfishness and bodily deformity. The reasoning powers are also early in their unfolding. They enable us to bring the observations made through the senses into orderly connections and exercise due control over action and inclination. They are chiefly cultivated in the discipline of our schools, and other seminaries of learning; and excellence in this direction constitutes the men of science, business, and affairs. The supersensuous are the philosophic and religious faculties. Platô enumerates them as cognition, the higher discernment, and the power to form correct judgment. The cultivation and development of these constitute intelligence and the highest, truest life.

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### DIFFICULTIES AND ACCIDENTS ABOUT THE SHOULDER JOINT.

BY PROFESSOR E. YOUNKIN, M. D.

Having just finished my lecture at the college on this subject, I am reminded that no better theme could engage the attention of our readers than that of the differential diagnostic symptoms of the accidents associated with the shoulder joint.

We have so many of these accidents, and the differential symptoms are so closely allied, that the medical student becomes confused, and the surgeon often confounded; yet by a careful study of the subject it would seem that but few mistakes should occur in our diagnosis. I believe, therefore, that it is possible to arrive at that state of knowledge where the surgeon, without doubting, may be assured in his convictions, and is thus better able to proceed in his efforts to correct the difficulty.

The surgeon, in meeting with such accidents, must have in his mind the array of difficulties to which the shoulder is liable:

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- 1st. The principal dislocations.
- 2nd. Fracture of the acromion process.
- 3rd. Fracture of the neck of the scapula.
- 4th. Fracture of the anatomical neck of the humerus.
- 5th. Fracture of the humerus through the tubercles.
- 6th. Splitting of the tubercles through the anatomical neck and through the head of the humerus.
- 7th. Fracture of the surgical neck of the humerus.

Meeting with a serious accident of the shoulder, the surgeon may not, at first sight, be able to tell which of these have occurred, and to tell finally requires the closest scrutiny. It is only by a careful study of the philosophy and value of every symptom that he is able to arrive at anything like a definite conclusion. He must first take one of these difficulties as a typical case, and make the symptoms of this his points of departure in his reasonings.

We therefore take *dislocations of the shoulder joint* as the basis of our knowledge, and the points to be remembered are as follows:

(a) The *cause* is generally by an indirect blow, such as a fall upon the elbow or hand, although falling from a height and striking upon the top of the shoulder, or a direct blow upon the same point, may produce a dislocation.

(b) *Preternatural immobility*. The arm is fixed in its position; but in a few special instances, where muscles and ligaments are greatly torn, this symptom may be absent while the head of the humerus is out of the socket.

(c) *Crepitus is absent*. It must be borne in mind, however, that the mere absence of crepitus does not prove a dislocation, for we may have a fracture without crepitus.

(d) If the head of the humerus is pulled in place, it remains. This symptom is only a negative one, and it is mentioned in this connection, because, if a fracture, and the bones pulled in place, they usually do not remain.

(e) *Inability to put the hand on the opposite shoulder* while the elbow is made to touch the breast. Of all the symptoms, to my mind, this one is of the greatest value. It is a sign common to all dislocations, and is seldom present in any other accident.

(f) *The depression under the acromion process*. This depression is greater in a dislocation than in any other accident, and it may be

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directly underneath the acromion or a little forwards or backwards, according to the location of the head of the humerus.

(g) *The elbow carried away from the body.* It may be pointing downwards, forwards or backwards, according to the kind of dislocation we have, and is not easily pressed to the side.

(h) The arm is shortened in a dislocation forwards, slightly shortened if dislocated backwards, and lengthened when dislocated downwards.

Now then, if these points are well fixed in mind, we shall have but little difficulty. Suppose, then, we have a fracture of *the neck of the scapula*; we will have the following:

(a) The *cause* is generally by a direct blow.

(b) *Preternatural mobility.* We at once see that this differs from the generality of dislocations.

(c) *Crepitus.* If crepitus is absent, let us be certain. The hand of the manipulator must grasp both fractures. This is done by placing the palm of the hand on the spine of the scapula, and the points of the fingers of the same hand on the corocoid process, while the other hand pushes up the head of the humerus and rotates. I have seen grave mistakes made in neglecting this precaution.

(d) *When reduced it does not remain.* The bones may be put in place, but as soon as the grasp is taken from them the deformity ensues.

(e) *The hand may be put on the opposite shoulder.* The surgeon may have to do this himself, but in this fracture it will go there.

The method of obtaining crepitus and the hand going upon the opposite shoulder are valuable evidences in this case.

(f) The depression under the acromion is present, but not so marked as in a dislocation.

(g) The head of the bone may be felt in the axilla, but it rotates with the shaft of the humerus.

(h) The elbow is carried a little away from the body, but is easily brought to the side.

(i) The arm is lengthened.

Let us now take a *fracture of the anatomical neck of the humerus.*

(a) The cause is generally a direct blow, often some penetrating wound.

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(b) *Mobility unchanged.* So close is the fracture to the head of the bone, that the head often glides in the socket and hence the *absence* of preternatural mobility, or immobility, becomes important.

(c) *Crepitus generally obtained*, by pushing up the head of the bone and rotating.

(d) *The fragments are not generally misplaced.* No great deformity.

(e) The hand can be put on the opposite shoulder.

(f) *The depression under the acromion process*, very slight, if any.

(g) The elbow hangs easily to the side, or can be readily placed there.

(h) No lengthening or shortening, unless there should be impaction.

*Fracture of the humerus through the tubercles.* This fracture is produced by direct blows, and is often associated with impaction. If impacted, there will be no preternatural mobility, and no crepitus. If not impacted, crepitus is obtained by grasping the tubercles and rotating the humerus. If no impaction, the bones will not remain when put in place. The hand can be put on the opposite shoulder. There is no depression under the acromion, usually, and the head of the bone moves in the socket; the arm falls to the side, and is of its natural length, except in impaction.

Passing over the longitudinal fracture, with splitting through the tubercles, we make mention of

*Fracture of the surgical neck of the humerus.* This fracture takes us farther away from the shoulder joint, and the symptoms become more apparent. Caused either by direct or indirect blows; preternatural mobility more easily recognized; crepitus pretty easily obtained. If there is overlapping, the bones should be drawn in apposition before rotating. The bones are not likely to remain when put in place. The hand can be put on the opposite shoulder when the bones are not overlapping. An overlapping bone may strike the coracoid, and prevent the hand being placed on the opposite shoulder. Depression an inch below the acromion; the arm, if away from the body, can be easily drawn to the side, and the arm is shortened if there is overlapping.

The accompanying table will aid in fixing the diagnostic symptoms in mind:

DIFFERENTIAL DIAGNOSTIC SYMPTOMS OF ACCIDENTS ABOUT THE SHOULDER JOINT.

| KINDS OF ACCIDENTS.   | CAUSES OF ACCIDENTS.                               | KIND OF MOVEMENT.         | CREPITUS.   | DO THE BONES REMAIN WHEN PUT IN PLACE? | CAN THE HAND BE PUT ON THE OPPOSITE SHOULDER? | KIND OF DEPRESSION UNDER THE ACROMION. | THE HEAD OF THE HUMERUS.           | POSITION OF THE ELBOW.      | WHAT IS THE LENGTH OF THE ARM?                         |
|---|--|---------------------------|---|--|---|--|------------------------------------|-----------------------------|--|
| General View of the Principal Dislocations of the Shoulder. | Stroke on top of Shoulder, Falls on Hand or Elbow. | Preternatural Immobility. | Absent.   | Yes.                                   | No; not in any case.                          | Pretty Great.                          | Is felt in its new position.       | Away from the body.         | Shorter or longer according to the kind of Dislocation |
| Fracture of the Neck of the Scapula.                        | Generally by Direct Blows.                         | Preternatural Mobility.   | Obtained by Palm of Hand on the Spine of Scapula & Fingers on the Corocoid. | No.                                    | Yes.  | Some, but not so much as the former.   | Felt in the Axilla.                | Can be put to the side.     | Usually lengthened                                     |
| Fracture of the Anatomical Neck of the Humerus.             | Usually by Direct Blows and Gunshot.               | Unchanged                 | May be obtained sometimes.  | Generally not misplaced.               | Yes.  | Slight, if any.                        | May move with the Shaft.           | Falls to the side.          | Unchanged unless impacted.                             |
| Fracture through the Tubercles Transversely.                | Direct Blows.                                      | Usually unchanged.        | Obtained by grasping Tubercles.   | No.                                    | Yes.  | Usually None.                          | Moves in Socket.                   | Falls to the side.          | Unchanged if not impacted.                             |
| Longitudinal Splitting through the Tubercles.               | Direct Blows.                                      | Unchanged                 | By grasping the Tubercles   | No.                                    | Yes.  | May be a Tumor.                        | A Sulcus felt in Bicipital Groove. | Easily brought to the side. | Unchanged  |
| Fracture of the Surgical Neck.                              | Direct and Indirect Blows                          | Preternatural Mobility.   | Obtained. Bones may overlap.  | No.                                    | Yes.  | One inch below and pretty great        | Felt in the Socket.                | Easily brought to the side. | If overlapping—shortening.                             |

## **PRACTICAL POINTS IN OBSTETRICAL PRACTICE.**

BY A. W. FOREMAN, M. D.

Young physicians so frequently meet with difficult problems in obstetrical practice, that I have thought a few suggestions of a practical character might prove more beneficial to them, and in some measure lighten their load of anxiety and fears.

Quite recently I was called in consultation to see a lady who had been in labor for some twenty-four hours, and during about half that time the pains had been very severe, and of the true bearing-down character. On inquiry I was told the "waters had not broken," and that though the pains were severe, the head did not descend. The patient had become tired and fretful, and the attending physician was blaming her for the lack of progress, charging it to her failure or refusal to render any voluntary assistance.

Upon examination of the case, I found the os uteri fully dilated, the naked occiput presenting, the membrane being entirely gone. The pains were fairly good in character, but there was no downward impulse of the child whatever. I placed my hand upon the patient's abdomen, which proved to be very large, and at the same time easily indented. I diagnosed the difficulty as depending upon an excess of amniotic fluid. I instantly, during the interval between pains, placed my fingers upon the child's head and pushed it upwards, and held it there until the next pain came. During this time a perfect flood of water was rushing out around the head. This so altered the existing conditions that two or three pains only were necessary to finish the labor. The trouble here, of course, was that the child was floating in such a sea of amniotic fluid that the contractions of the womb were lost upon the yielding and changing conditions of the water contained therein. As soon as the fluid was discharged, the expulsive efforts of the womb were brought to bear directly upon the child with such telling effect as to end the labor at once.

According to the writer's experience, these cases are not rare, and nothing will add more to the reputation of the young practitioner than his ability to promptly recognize and remedy such difficulties.

Recently I was called to see a lady ten days after her confinement, and found her mortally sick with puerperal septicemia. Only



a year ago I saw a similar case, under like conditions. Both died. In more than twenty-one years' practice I have never had a case of the kind follow my own obstetrical attendance. I attribute this fact largely to one procedure, which I always adopt as soon as the placenta is delivered. I at once place my hand upon the patient's abdomen, and if I do not feel the womb contracted into a hard knot, I at once commence a gentle but firm kneading process over that organ, and continue it until that condition obtains. I make it a point to remain with the patient at least one hour, during which time, as often at least as once in ten minutes, I make the same examination; and if the organ is found to have relaxed and softened to any great extent, the kneading is again resorted to, and continued until the desired result is reached. I find by these tests or examinations a majority of cases have a tendency to relaxation of the womb, and, if that organ is left in that condition, blood-clots must necessarily be retained until decomposition sets in, and very naturally absorption goes on. Why wonder, then, that septicemia results? It seems remarkable that there are not more cases. One hour's careful attention, as above described, in the writer's opinion, will almost or quite banish this odium of obstetrical practice.

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## TÆNIA SOLIUM, OR COMMON TAPE-WORM.

BY S. B. MUNN, M. D.

I need not, in this paper, attempt a description of the several varieties of tape-worm, nor the attending symptoms, as most, if not all the readers of the JOURNAL, are informed on this subject.

I simply wish to give to the readers my treatment, which so far has not failed me. (I have removed quite a number.)

Perhaps the fact that I have just removed one is the present stimulus to the writing of this article. My treatment of this case was as follows: The meats of a half pint of pumpkin seeds, powdered and mixed with simple syrup, sufficient to make it liquid enough to drink. Give a wine-glassful every two hours. One pint of the pumpkin seeds bruised (shucks also); make an infusion; drink frequently, so as to have the two used up at about the same time.

Fl. ext. pomegranate bark, gtt. xl., taken every two hours in some of the infusion, concluding with chloroform, ʒss., castor oil, ʒij. M.

Taken at once. The patient was delivered of the worm in an hour after taking the oil and chloroform. (I should state here the patient ate nothing through the day.)

One other case: About six years ago Mr. B. came to my office bringing two or three sections of a tape-worm, which he said passed from a little girl of his not quite three years old. He wished me to prescribe for her.

I prepared pumpkin seeds (the meats) as in the last case, only I rubbed up the pulp in fine sugar, making it nearly as stiff as soft cake. Ordered that the child should be given nothing but this to eat during the day, or until it was all eaten, to be followed with a good dose of castor oil. That evening the child was delivered of a tape-worm over three yards long.

Others may have a better remedy, but the above is safe, and in my hands has never failed, and until it does I shall not resort (or backslide) to the old turpentine or mercury treatment.

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## GLEANINGS ON THE TREATMENT OF DIPHTHERIA.

BY PROF. E. YOUNKIN, M. D.

In a paper read before the Nancy Congress, M. Delthill claims to have cured 126 cases of diphtheria out of 134 by the fumes of coal tar and turpentine, with local applications of turpentine. He says that the saliva of diphtheritic patients is always acid, and the infecting power of the disease may remain for more than a year. He gives about five days as the period of incubation. He mentions a case of a child who had diphtheria after playing in a farm-yard in which, two months previously, the fowls had died of the pip.

The *Medical World* gives the following as coming from Buenos Ayres: R. Sodæ benzoate, ʒj.; potassa chlorate, ʒss.; potassa bromidi, grs. xv.; glycerine, ʒj.; aqua dest. ad. ʒiv. M. Give a teaspoonful every hour. This treatment to be preceded by an emetic, and accompanied by carbolic inhalations and the constant application of a saturated solution of benzoate of soda around the throat.

A. P. Burnes, M. D., says (*Med. World*): "I begin the treatment with a dose of calomel, five grains, and follow with; R. Potassa chlorate pulvis, ʒss.; acid hydrochlorici, f.ʒj. M. Put the chlorate

in a bottle, pour in the acid, and as soon as the gas begins to form dash in water, ℥vj. This fixes the gas, and you thus get chlorine water, an excess of the chlorate remaining; then add quin. sulph., ℥ss. S. A tablespoonful every four hours in half a glass of cold water. Give tr. ferri chlor., ℥ss.-℥j., in water every four hours, thus alternating the medicines every two hours. These are doses for adults. Paint the fauces with pure lemon juice three times daily; or, when it is not to be had, with: R. Acid hydrochlorici, mellis, āā f℥j. M. S. Apply three times daily. Spraying the throat with vinegar and hot water several times daily is grateful to most patients. I pay attention to the bowels, kidneys, etc., and sustain the strength by milk, beef-tea, milk-punch, brandy, etc. I never change the bed-clothes, nor the clothes of the patient, during the attack."

In the *Medical Brief*, N. S. Wood, M. D., says: "The constitutional remedies that I use, generally, are: R. Tinct. ferri mur., gtts. vj.-viij.; potassa chlor., grs. v. M. Sig. Every two hours in water to a child eight years old. At the beginning of the disease, when the fever is high, I use iodine and carbolic acid, two drops of each every two to four hours, owing to the temperature. To paint the exudative patches I use: R. Tr. iodine, ℥j.; acid carbolic, ℥j.; glycerine, ℥j. M. Sig. Apply every three or four hours in bad cases."

In the *Eclectic Medical Journal*, O. S. Laws, M. D., recommends the use of sulphur fumes, to destroy the membrane both of croup and diphtheria. Take a shovel of live coals, and sprinkle on the coals a pinch of sulphur, holding the shovel about three feet from the child, so that the fumes mingle freely with the air before being carried to the lungs of the child.

Dr. K. Danilewsky, speaking of the local uses of pepsin, recommends the following formula: R. Pepsin wine, ℥j.-℥jss.; acid muriatic dil., gtts. xv.-xx.; aquæ dest., ℥vj. M. Sig. To use as a mouth wash or gargle four times an hour, for five to ten minutes each time. Medicine should be kept in water-bath, 37° to 40° C. Local application can be used with a brush.

Trypsin is also recommended as possessing the power of dissolving the membrane. Trypsin may be used dry or put in solution, as suggested by Fairchild and Foster, or mixed with sodæ-bicarb., and made into a paste—then spread upon the diphtheritic patch.

Dr. W. S. Gordon (*Virginia Medical Monthly*) remarks, that the majority of observers now believe that diphtheria cannot be best cured, or cured at all, by caustics applied to a deposit on the throat or elsewhere. \* \* \* It is needless to refer to the antiseptics, which have been faithfully used. Each one has its advocate, while the fact that almost every practitioner believes in the efficacy of such remedies leads us to believe that a thorough use of them is an important part of the treatment. Salicylic acid and eucalyptol have recently been favorably mentioned. Lactic acid, pepsin, trypsin and the galvano-cautery, as absorbents of the deposits, have earnest advocates. \* \* \*

In a report of thirty cases by Dr. Samuel W. Smith, in the *Medical Record* of March, 1886, it is stated that no stimulants or antipyretic of any kind was required. There were five deaths. The treatment consisted of salt-water and borax, used freely in the nostrils with the syringe atomizer, the disinfection of the throat by the same means, and the internal use of iron and chlorate potassium. A strictly milk diet was adhered to until convalescence was established. \* \* \* The bi-chloride of mercury is attracting much attention. \* \* A solution of bi-chloride of mercury (gr. j. to ℥iv. of water) seemed to be of more general service than any other remedy administered, internally and locally, and children would take a teaspoonful of this solution when they would refuse everything else. \* \* Dr. Pepper thinks highly of the following: Hydrarg. bi-chloride, gr. j.; elixir bismuth and pepsin, ℥iv. S. Teaspoonful every two hours for a child five years old. \* \* \*

*Intubation* is now prominently before the minds of the profession, and is being thoroughly tested. The reports so far have not been sufficiently numerous to justify fixed conclusions. \* \* \* In the *N. Y. Medical Journal*, Dr. Irwin H. Hance \* \* records five cases of croup in which intubation was used. One recovered. \* \* Dr. Jas. A. White \* \* informs me that he has used intubation in two cases with a speedy relief of urgent symptoms. And the same gentleman stated that eighty cases of intubation, with twenty recoveries, had been reported by Dr. Waxham in a Chicago journal. \* \* \* Lime water holds a high place as a cleansing astringent and absorbing local remedy.

• From the *Medical Record* we glean the following:

" Dr. A. Brondel writes, in the *Bulletin Général de Thérapeutique* of November 15, 1886, concerning the treatment of diphtheria by benzoate of sodium, and asserts that of two hundred consecutive cases he has not lost a single one. He admits the possibility of a mistaken diagnosis in some instances, but even excluding fifty per cent. on this account, he still has one hundred cases without a death. His method is as follows: Every hour the patient takes a tablespoonful of a solution of benzoate of sodium, fifteen grains to the ounce, and at the same time one-sixth of a grain of sulphide of calcium in syrup or granule. In addition to this, the throat is thoroughly sprayed every half-hour with a ten per cent. solution of benzoate of sodium. This is done regularly at intervals, day and night, but no other local treatment is employed. No attempt is made to dislodge the false membrane, and no pencilling nor painting of the fauces is resorted to. Tonics are given and antipyretics are used when occasion calls for them. The nourishment consists of beef juice, tender rare meat, milk, etc., but bread and all other articles which may cause irritation of the throat are forbidden. The sick-room is kept filled with steam from a vessel containing carbolic acid, turpentine, and oil of eucalyptus in water.

" The employment of benzoate of sodium is not a new method in the treatment of diphtheria; for it has been tried, and is recommended, by Letzerich, Kien, Ferréol and others. But this, of course, speaks so much the more strongly in favor of the remedy; and as Dr. Brondel's results were better than those obtained by others using the same drug, it is to be presumed that his method of employing it is the best."

Dr. Covert (*Chicago Med. Times*) gives the following:

" The patient was a boy, five years of age. The disease was not discovered in its incipency, since, with a visit to town on the tapis, he complained only of toothache. Therefore, before I was summoned the disease was far advanced. The characteristic exudation covered the palatine arch and pharynx, and evidently extended downwards beyond sight. There was the difficulty of breathing, croupy cough and aphonia, peculiar to the condition nosologically termed diphtheritic croup. The paroxysms of coughing were so severe as to close the air passages and almost asphyxiate the patient. I could but give an unfavorable prognosis; the case seemed hopeless, yet we did not sit down to weep, but went to work.

"I painted over the diseased portion with concentrated extract of *pinus canadensis*, passing the brush well down into the larynx. As the immediate result, he coughed out a strip of membrane one-half inch in width and an inch or more in length. I ordered this treatment applied every four hours; also, the compound *stilingia* liniment to be applied externally every two hours, with two or three drops upon the tongue. Further than this, woolen cloths, soaked in strong cider vinegar, were applied to the throat constantly. Also, four times in twenty-four hours the patient was subjected to the fumes of burning tar and turpentine (equal parts). As an internal remedy, I employed a solution of *kali bichromicum*, two grains to a half glass of water, teaspoonful every hour until it produced nausea; then alternating with the following, viz.: Chlorate of potassæ, chlorinated tincture of iron, aa ʒj., in a half glass or ʒiv. of water, a teaspoonful every two hours in alternation with the *kali bichromicum*. Under this treatment the little lad made a good recovery in six days and regained his voice, while we scored another victory over the formidable disease."

Dr. M. Morse (*Virginia Med. Monthly*) says, that his plan of treating diphtheria is to alkaline the blood with bicarbonate of potassium as rapidly as possible without disordering the stomach, or interfering with digestion. This end he secures, first, by sponging the body with a strong solution of bicarbonate of sodium and hot water, which removes the dead skin, oil globules, and general *débris* of the body from the mouths of the sweat-glands. Secondly, he alkaline the blood by giving as large doses of bicarbonate of potassium, for twenty-four to thirty-six hours, as the stomach can easily tolerate, and then gradually diminishes the dose. For an adult he gives from ten to twenty grains every two hours, day and night, and to children in proportion to their age. Many cases have been treated by him, without a single fatal termination, by giving large doses of bicarbonate of sodium. In some severe cases he has alternated the bicarbonate, every hour. For the last sixteen years, through several severe epidemics, he has used this method in one hundred and twenty-five cases of diphtheria with uniform success.

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FOR CYSTITIS AND IRRITABLE BLADDER.—R. Sodii bromid., ʒss.; tinct. hyoscyami, fʒss.; syrup, aquæ, aa q. s. ad. fʒiv. M. Sig. Teaspoonful ter die.—*Dr. Hearn.*

**SELECTIONS.****CASCARA CORDIAL.**

R. S. HENRY, A. M., M. D.

A vehicle which would combine the properties of compatibility, permanency and innocuousness, and above all possess the quality of disguising and rendering positively agreeable to the taste many nauseating and bitter preparations, must necessarily meet with the universal appreciation of practitioners, and be a priceless boon to their patients.

It is the purpose of this note to call attention to such a vehicle and corrigent, and to suggest a few illustrative formulæ which will indicate its very wide range of application in every-day practice. We believe that that combination of aromatics and carminatives with cascara sagrada, known as cascara cordial, introduced by Parke, Davis & Co., fulfills every required indication. In addition to its power of disguising the taste of such bitter drugs as quinine, its gentle laxative properties render it peculiarly well adapted for addition as a corrigent to the many preparations which, given alone for any length of time, tend to interfere with the normal action of the bowels, such as the various preparations of iron and opium, than which no others are more frequently indicated and more used by physicians.

Take, for example, such a preparation as the tincture of the chloride of iron. What physician has not been compelled to desist from its use, even when most strongly indicated, on account of the marked constipation it causes? To obviate this objectionable feature of this valuable hæmatic, we may use the following formula, or such modification of it as may be desirable: *R.* Tinct. ferri chlor., ℥vj. to ℥xij.; cascara cordial, ℥ij.; water, q. s. ad. ℥iv. *M.* Sig.—Teaspoonful, T. I. D.

A very useful formula in the treatment of the anæmia and glandular enlargement of pale, flabby, scrofulous children, is the syrup of the iodide of iron combined with cascara cordial, as follows: *R.* Syrup ferri iod.; cascara cordial, aa. ℥ij. Dose, gtt. xx., in water, T. I. D., increased as required.

During the past year I have treated a large number of cases of phlyctenular keratitis—that form of corneal trouble so commonly



met with in strumous children, and which, by being simply neglected, has caused the impairment of vision of so many people. In this disease of the eye, local means bear but a subordinate part to the general treatment. Tonics and alteratives are first in importance, and among them syrup of the iodide of iron, in my experience, has given the most satisfaction. Since I have been administering it in cascara cordial I find its efficacy much increased. I can prescribe it in larger doses and continue its use longer without experiencing any of the unpleasant effects of the iodide, and besides I present a mixture which is very acceptable to the taste of the little patients.

In nervous debility and anæmia, and in phthisis, a combination of hypophosphite of iron with cascara cordial often acts very happily, especially where there is a tendency, as there often is, to atony of the muscular coat of the bowels and consequent constipation. In this condition we could use to advantage: *R.* Ferri hypophosphit., ℥ij; acid hydrochloric, dil., q. s. as. solv.; cascara cordial, ℥iiss.; water, q. s. ad., ℥iv. *M. Sig.*—Teaspoonful four times a day, after meals and upon retiring.

Perhaps no drug is more universally prescribed than quinine. When it is desired to produce an immediate absorption of this drug, it is preferable to give it in the form of powder or solution. Its inherent bitterness, however, renders this mode of administration objectionable to most patients. Innumerable vehicles have been tried to disguise its bitterness, with varying success, but we believe none has proven so acceptable as cascara cordial, which has been extensively used for this specific purpose, and with most gratifying results. To abort an ague fit the following may be prescribed with advantage: *R.* Quiniæ sulphat., grs. x.; cascara cordial, ℥ij.; water, ℥j. *M. Sig.*—Take at a draught.

As a prophylactic against malaria, or in all malarial remittent affections, we may combine quinine with cascara cordial as follows: *R.* Quiniæ sulphat., ℥ij.; cascara cordial, ℥ij.; water, q. s. ad., ℥iv. *M. Sig.*—Teaspoonful three or four times a day, increasing the quinine when indicated.

Intermittent headache or supra-orbital neuralgia is often relieved by combining quinine with cascara. Here we fulfill two plain indications. We get the specific antiperiodic and anti-neuralgic effect



of quinine, and the tonic laxative effect on the bowels of cascara. The following formula is a useful one: *R.* Quiniæ sulph.,  $\mathfrak{z}\text{i}\frac{1}{2}$ ; cascara cordial,  $\mathfrak{z}\text{ij}$ . *M.* *Sig.*—Teaspoonful as indicated.

In sick headache the above formula may be combined with caffeine and salicylat of soda, thus: *R.* Quiniæ sulphat.; caffeine; sodii salicylat,  $\mathfrak{aa}$ .  $\mathfrak{z}\text{i}\frac{1}{2}$ ; cascara cordial,  $\mathfrak{z}\text{ii}$ .; water, q. s. ad.,  $\mathfrak{z}\text{iv}$ . *M.* *Sig.*—Dose, a teaspoonful on a little finely-cracked ice.

When it is desired to give the preparations of opium, and to antagonize their constipating effect, the addition of cascara cordial to the dose of the narcotic will admirably meet the indications. Thus, when it is required to use opium for its abortive effect in the initiatory stages of incipient catarrh of the respiratory tract in the first stages of a cold in the head or cough, we may give: *R.* Dover's powder, grs. x.; cascara cordial,  $\mathfrak{z}\text{ij}$ .; water,  $\mathfrak{z}\text{j}$ . *M.* *Sig.*—At a draught.

The cascara here secures a satisfactory evacuation of the bowels, and thus has a derivative effect on the catarrhal condition, which is further aided by the well-known anti-phlogistic action of Dover's powder. It is often difficult, when necessary to give opium in some form for a long time, to counteract its repressant action on the secretions, especially on those of the intestines. It is here that the specific action of cascara cordial is admirably shown. It not only secures a free, painless stool, but acts also as a stomachic, improving the processes of assimilation, which are so often at fault in cases of chronic invalidism.

It would be superfluous to suggest appropriate formulæ here; to any preparation of opium used we may add cascara cordial in quantities sufficient to meet the indications in the individual case. In melancholia, a condition now widely obtained among women, both in the higher and lower circles of society, and dependent on over or under-work and insufficient or improper nourishment, opium will often furnish the needed stimulant, though it is most important in these cases not to establish the opium habit. Lauder Brunton, in his "*Pharmacology, Therapeutics and Materia Medica*," p. 724, suggests in this condition the use of the tincture of opium in doses of from five to ten minims. We could combine this, with great advantage in these cases, with cascara cordial as follows: *R.* Tincture

of opium, ℥iss. to iiss.; cascara cordial, ℥ii. M. Sig.—Teaspoonful as indicated.

Here the patient may be kept in ignorance of the fact that she is taking a narcotic—a material aid in preventing the future formation of the opium habit. In specific disease, in scrofula, glandular enlargement, and, in fine, whenever it may be desirable to give iodide of potassium for a considerable time for its alterative action, no better vehicle for the drug can be used than cascara cordial. A useful formula is the following: R. Potassii iodid, ℥iii.; cascara cordial, ℥ij.; water, q s. ad., ℥iv. M. Sig.—Teaspoonful largely diluted T. I. D. The iodide of potassium to be increased as required.

A great objection to some very valuable remedies consists in the disagreeable cerebral symptoms accompanying their administration in large doses, or in cases in which it is necessary to prolong their use for a considerable period. Thus, salicylate of sodium, which is so invaluable in rheumatism, must often be stopped at a critical period in the process of the disease, or the dose reduced, on account of the head symptoms developing; cascara cordial will often prevent the development of these toxic symptoms of the drug. The following furnishes a convenient formula for combining the salicylate with cascara cordial: R. Sodii salicylat., ℥j.; cascara cordial, ℥ij.; water, q. s., ad., ℥iv. M. Sig.—Teaspoonful in a wine-glass of water four times daily, increasing or diminishing the salicylate as required.

The few illustrations given but imperfectly convey the very wide range of application of cascara cordial as a vehicle. The requirements of the physician will extend its use to almost all prescriptions needing correction, either on account of their bitterness or tendency to constipate. So many diseases are dependent upon or attended by disturbance of the functions of digestion and assimilation, and especially by interference with the secretory functions of the bowels, and so many valuable drugs, the use of which is indispensable, but serve to increase or perpetuate this tendency, that the application of a vehicle which secures palatableness, and at the same time establishes a regular action of the bowels, must come into very general use in the every-day routine practice of a physician.—*Medical and Surgical Reporter.*

## LEAVES FROM AN OLD DISPENSATORY.

BY PROFESSOR E. YOUNKIN, M. D.

As a matter of curiosity, we here present a few sentences from a work called "The New London Dispensatory," published by William Salmon, M. D., in the year 1676. We shall not attempt to follow the style of "ye olden time," but shall quote, using our own type and spelling, and the author's construction.

The question which naturally arises in our minds upon the examination of this wonderful book, is, can it be possible that our remedies of 1887 will prove equally as great a curiosity to those who shall see them two hundred years hence?

Is it possible that our homœopathic brethren, especially in their provings of *lac caninum* *hydrophobinum*, *psorinum*, *sepia*, *lachesis*, *tarantulæ* and bug-juice, will fall into the same absurdities as did our *regular* brethren then?

The author of the above dispensatory says: "It is not our design to introduce new and fantastic methods to the world, and it is far from us to prostitute the Oracles of Apollo or the sacred relics of *Æsculapius*, for it requires discretion to unravel the very manifest powers and forces of medicaments, and a good proficiency in medical and hermetic knowledge to make a proper deduction, and to draw forth natural consequence from their essential virtues and ultimate effects."

The author goes on to say: "We have delivered the sum and substance of great volumes, and, as in a glass. represented to your view the reduction of Hercules his labors. Here you have the choicest things in the Augustian Dispensatory and the eternally renowned Paracelsus; you have the great and learned Horstius, the faithful Faber, the ingenius Sala, the laborious Quercetan, the profound Hartman, the concise Shroder, the exquisite Mynsicht, and, in a word, the sum of all the most excellent designations invented by the greatest scholars, the profoundest wits, the most learned men, and the most wise, industrious and experienced physicians."

Hence, the learned doctor seems to proceed with some degree of authority from the "great house at Black-Fryars-Stairs, London."

In his *Liber Secundus*, the author considers the medical virtues of the constituent elements of *man*:

1st, The parts taken from the living body; and,

2d, The parts taken from the dead body.

Those of the living body he treats as follows:

"1. *Crinus Pilus.—The Hair.* The powder thereof drank cures the jaundice and suffocation of the womb. The ashes of it mixed with hog's lard, and anointed, helps luxated joints; the simple ashes stops bleeding; an oil distilled from it with honey, anointed on bald places, causes hair to grow. It is distilled either alone, by a retort in sand, and the foetid oil mixed with *aqua mellis*, or conjunctively; and then you must draw the spirit, as that of honey.

"2. *Ungues.—The Nails.* In powder or infusion they cause vomiting, great sickness at the stomach, and giddiness in the head; the powder laid on to the navel in dropsies is said to cure them. R. Of the powder, ℥j., wine a pint; digest till it turn to slime; filter, and add spirit of wine, ℥ij., of which give from ℥j. to ℥j. to the uses aforesaid. Where note, that some to cure consumption take the hair and nails of the patient, cut them small, and put them in a hole in the root of a cherry tree, and then stop it with clay; others to cure *quartans* and the gout, take the said hair and nails, cut small, and either give them to birds in a roasted egg, or put them into a hole bored into the body of an oak tree or plum tree, stopping up the hole with a peg of the same tree, or else mix them with wax, and stitch it to a live crab, casting it into the river again.

"3. *Saliva, Sputum, Spittle.* Rubbed on oftentimes cures pimples and breakings out on the skin, making the skin clear, as also the stinging of serpents and biting of mad-dogs.

"4. *Lac.—Milk.* It is emollient, and cools and cures red eyes, simply of itself; but a grain or two of white vitriol being dissolved in it, it is more effectual. Or, thus: R. Woman's milk and white vitriol, and draw off only phlegm, for the purposes aforesaid, in a glass still.

"5. *Menstrua Sanguis.—Menstrual Blood.* Taken from virgins and dried; given inwardly it prevents the falling sickness and stone; a clout dipped in the liquid blood, with vinegar and rose-water, and applied, cures the gout, cleanses the skin from deformities, is good against carbuncles, and worn as an amulet is good against the plague.

"6. *Secundina.—Secundines and Navel String.* A drop or two of the blood of the navel string being first given to a new born babe

in a little breast milk, prevents the falling sickness, convulsions and all other fits, and very wonderfully revives it if almost dead. Hartman says it is very strong against the colic. The secundines calcined, and given in southern-wood-water, every day half an ounce, while the moon decreases in light, wonderfully cures struma, or the king's evil, and the falling sickness; it causes also the dead child to come away, as also moles of false conception.

"7. *Calculus*.—*Stone taken from the Kidneys or Bladder*. It dissolves and expels the stone and gravel from all parts and opens obstructions.

"8. *Stercus*.—*Fæces*. It is emollient, anodyne and maturative; it ripens plague sores, being applied; and dried, powdered and mixed with honey, it cures inflamed wounds and the quinsy. The ashes given ʒij. at a time in agues cures them. Paracelsus calls it *carbon humanum*; and it is reported that it takes pains away caused by witch-craft.

"9. *Aqua et oleum sterco humani*. Take man's fæces; let it putrefy till it be full of small animals, and be almost dry; distil it in a retort with a gentle fire, so have you both water and oil. The water dropped into sore eyes cures them, cures baldness, corroding ulcers and fistula. Inwardly given, it is found very profitable against the stone and gravel, and bitings of mad dogs. The oil outwardly cures scald-heads, gouts, cancers, mortification and erysipelas. Inwardly it cures the jaundice, etc." \* \* \* \* \*

Thus Salmon treats also of the urine, blood and other elements of the human body, and then takes up the *dead body*. The mummies he divides into the Arabian, Cyrene, Egyptian, Alexandrian and modern, and shows the modes of preparing the different kinds, and their uses. He treats of the bones, entrails, bile, heart and brains, and thinks they possess some kind of magnetic power, which, if given to the sick, causes them to recover, the details of which are too horrible for us, of this age, to contemplate. We are sometimes led to reflect upon the superstitions and credulities of the people; but might not those who make a pretence to science, in their provings of the effects of remedies, get as far away from the facts as did Dr. Salmon, of the "New London Dispensatory?" If such were the scientific cures of jaundice, dropsy, consumption, scrofula, hy-

drophobia, etc., of the seventeenth century, what will those of the nineteenth century be?

Dr. Salmon treats his enemies with great severity. He says that "there are some half-witted animals, who, envying our reputation, would persuade the world that all our works are only collections from others, and that we have done nothing but what was done before." He says "that no man can be an able physician but he that has read well, that has turned over the leaves of antiquity, and with great diligence has scrutinized the opinions of both ancient and modern professors;" and in relation to his work he says: "It is the great and eternal names of its several authors which gives it being and life now, and will make it live hereafter as a great exemplar and inexhaustible treasury of medical store." \* \* \* "Let, therefore, those dull souls, who envy the rays of light which spring from others, and, with all, to be in darkness with themselves; whose skulls are filled with ignorance, their hearts with malice and their mouths with clamor, undo what we have done, or forever hereafter hold their babbling and malicious tongues."

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TREATMENT OF PTOSIS.—M. Dianoux suggests a method of treatment for this affection which is essentially similar to that of Drausart, and consists in uniting the frontal portion of the occipito-frontalis muscle to the tarsus by means of a cicatricial cord or band, so that the muscle exerts a direct action on the eyelid. The proceedings he recommends are as follows: Two loops of very strong silk are to be introduced at the edge of the longitudinal fold of the eyelid above the root of the cilia; one of them is to be carried beneath the skin, the other deeply, without however implicating the conjunctival *cul de sac*, to a point above the eyebrow, and attached to a piece of whalebone. Every morning the loops are pulled to and fro with a sawing motion, till all the tissues are cut through, except the skin of the eyebrow, with the object of inducing a little suppuration along the course of the thread. The pain is moderate, and the reaction is slight. The good effects are felt some weeks after the threads have been withdrawn. The only trouble that the author has noticed in the cases that came under his care was that in one instance a small abscess formed consecutive to a thrombus.—*Recueil d'Ophthalmologie—Practitioner.*

**MEDICAL ITEMS.**

**GLYCERINE AND MALT COUGH MIXTURE.**—The editor of the *New England Medical Monthly* gives the following cough mixture : Maltine, ℥ij.; glycerine, ℥j.; syr. tolu and syr. prunus virg., aa ℥v.; syr. ipecac, ℥v.; syr. scillæ, ℥v.; morph. sulph., gr. j.; ammonia mur., ℥ijss. M. A dessert teaspoonful to be taken every three or four hours.

**THE TREATMENT OF FELON.**—Dr. W. H. Halbert is an advocate of the conservative treatment of paronychia. He treats it with salt and turpentine, allowing the mixture to remain on the finger several days, moistening the salt twice a day with the oil of turpentine. In the forming stage of a felon he wraps the finger firmly with surgeons' silk isinglass plaster, and applies the mixture over it, leaving it undisturbed for two or three days.—*Med. Rec.*

**BORO-GLYCERIDE IN GYNECOLOGY.**—*Dear Doctor:* In the New York *Medical Record* for September 23d, 1883, you will find a letter published by me on boro-glyceride. I directed attention then chiefly to its invaluable properties as an antiseptic. Since that time I have used it very much in my gynecological practice; in solution as an injection for leucorrhea, etc., and also pure boro-glyceride suppositories. It is an excellent application for ulcerated cervix, spread thickly on the diseased surface. It can also be spread upon absorbent cotton, and introduced in that manner. I intend to have some large hollow vaginal suppositories made of boro-glyceride, which I believe will be found very desirable. I regret to say that many samples of boro-glyceride in the market are very unsatisfactory. Various mixtures of borax and glycerin, and also of boracic acid and glycerin, simply mixed, have been sold as boro-glyceride. This preparation, manufactured by conscientious houses using only pure glycerin and English boracic acid, will be appreciated by those using it, and its superiority recognized at once. After considerable experience with the various preparations used for local treatment in vaginitis, leucorrhea, etc., etc., I find none yielding such satisfactory results as the boro-glyceride, although I still use the sulpho-carbolate of zinc to some extent. The cleanliness and the gentleness of this remedy, and the steady improvement resulting from the use of boro-

glyceride, will be very satisfactory to both patient and physician. I sincerely hope that it may receive more attention from gynecologists, and prove to be all that I predict for it.—W. THORNTON PARKER, M. D.

**COCAINE IN EARACHE.**—Cocaine, in a two per cent. solution, dropped in the ear, has the credit of being almost instantaneous in stopping earache. The application may need repeating in an hour or two when the case is severe.—*Medical Summary.*

**PRURIGO.**—We sometimes meet with rebellious cases of prurigo, for which use the following: Chloral hydrate, ℥ij.; salicylate sodæ, ℥iij.; aqua pure, ℥vj. Fiat lotio. S. Apply to the skin morning and evening.

**AROMATIC ELIXIR WAHOO.**—Wahoo bark of root has a peculiar affinity for the liver, and its specific tendency seems to be to make bile, or rather to stimulate the liver to secrete it; it also stimulates the nutritive processes, and in many cases improves digestion, especially when combined with a pure bitter tonic, as hydrastis. It exerts a marked influence in malarial diseases, and deserves the name of anti-periodic, though feebler than quinine.

The late Prof. Rose, formerly of Cincinnati and afterward of Philadelphia, was an ardent advocate of this remedy in intermittents, especially during convalescence. His experience seemed to prove it of equal value with the cinchona-alkaloids, without the objectionable symptoms following the continued use of those agents.

As a laxative and cathartic, wahoo, in the combination which we have so successfully introduced in the form of an elixir, will no doubt fill its most important place. A mild, safe and certain cathartic is a desideratum with every physician: this preparation acts by natural methods, increases the secretion of bile, imparts strength to the exhausted parts, and restores normal functional activity. In habitual constipation and in summer fevers it is an admirable cathartic, and equally appropriate.

This elixir contains the strength of 160 grains of bark of the root in one fluid ounce of a simple aromatic elixir.

*Dose.*—As a tonic, one teaspoonful before meals. As a cathartic, one tablespoonful night and morning. For habitual constipation, a



dessert-spoonful repeated night and morning and continued for several days. These directions should be modified under the advice of the physician.—*Wm. S. Merrell Chem. Co.*

**TO REMOVE FRECKLES.**—The following method is recommended by Dr. Halkin: The skin, being washed and dried, is put on the stretch with two fingers of the left hand, and a drop of carbolic acid is applied exactly over the patch. When it dries, the operation is completed. The skin becomes white, and the slight sensation of burning disappears in a few minutes. The thin crust which forms after the cauterization should not be disturbed: it detaches itself spontaneously in eight or ten days, leaving a rosy coloration, which is soon replaced by the normal color of the skin.—*American Practitioner.*

**ACUTE INFLAMMATION OF THE MAMMARY GLANDS.**—There is nothing better in my judgment than tinct. phytolacca. *R.* Tinct. phytolacca, ℥ij.; aqua pure, ℥iv. *M. S.* Give a teaspoonful every three hours, and bathe the gland with: *R.* Chloral hyd., ℥ij.; gum camphor, ℥ij.; fl. ext. belladonna, ℥j.; oleum olivæ, ad. ℥iv. *M. S.* Apply two or three times a day. If there is a nursing child, do not use the belladonna, or use great care in nursing.—*ED.*

**CRYSTALLINE PHOSPHATE.**—I take pleasure in stating that I am much pleased with the crystalline phosphate. As a reconstructive or tissue food in convalescence from fevers, and all wasting diseases, it is an admirable remedy. As a drink in rheumatic and neuralgic diseases it is excellent; indeed, I have found it a palatable and beneficial drink in warm weather, to quench thirst and to revive lost energies.—*EDITOR.*

**SCALDS AND BURNS.**—*R.* Balsam fir, ℥j.; carbolic acid, ℥ij. oleum olivæ, ℥v. *M. S.* Apply to the parts with a feather, or dip cloths into the mixture and lay on the parts, covering with oiled silk or cotton.—*ED.*

**UMBILICAL HERNIA OF INFANCY.**—Dr. Furth, of Vienna, says: "Simple, but more successful than anything else, is the following cure of umbilical hernia, which has never been known to fail in Vienna general clinic: Small square pieces of soft linen are put up in pyramidal shape over the hernia; in their centre a linen button (common but-

ton spun with linen, as generally met with in drawers for men) is so applied, that the button,—which must be of exact shape of the opening—just closes the opening, and finally the whole is fastened with a suitable linen abdominal bandage. Gradually, as the opening by contraction diminishes in size, a smaller button must be selected. If this procedure is faithfully carried out, the uniform result at the Vienna clinic is a proof of its success.”

**APHTHOUS SORE MOUTH.**—Children suffering with aphthous sore mouth may be relieved by: R. Boric acid pulvis, grs. xxx.; loaf sugar pulvis, ʒij. M. S. Use the dry powder in grs. ij–v.

**NÆVUS.**—Dr. W. J. Beatty (*British Med. Jour.*) has cured eight cases of nævus, perfectly and painlessly, by painting the affected spot night and morning with liq. arsenicalis until ulceration took place. A cure is effected in from three to five weeks.

**WINE OF COCA.**—H. Liebermann, M. D. (*N. Y. Med. Monthly*) says: “I have used wine of coca with the greatest success in profound seneemia, resulting from long, arduous campaigns in tropical countries, and in the gastro-intestinal irritation, with loss of appetite and dyspepsia, which is such a frequent accompaniment of this condition.” He says: “I have also employed it in cases of chronic alcoholism. Moreover, I have witnessed the spectacle of hardened drunkards giving up their pernicious habits and returning to normal condition under the influence of this treatment. I have also employed it in the tobacco habit, in chronic bronchitis and pulmonary phthisis, and in convalescence of typhoid fever, with the greatest success.” Dr. L. used the Vin Coca Mariani, two or three wine-glasses each day.

**APPLICATION FOR WARTS.**—The following formula (*Med. Herald*), a modification of that recommended by M. Vigier for corns, is largely used by Vidal: R. Acid salicylic, gramme j.; alcohol, gramme j.; ether, gramme ijss.; collodion, gramme v. M. The solution should be painted over the surface each day.

**THE EDITOR'S FORMULA:** Iodine cryst., ʒij.; salicylic acid, ʒj.; carbolic acid, ʒij.; ether sulphuric, ʒj. M. Shave the thick layer of epithelium off, and paint the wart or corn once a day.

**NAUSEA AND VOMITING.**—A regular correspondent of the *New Orleans Medical and Surgical Journal* says: "One of the best remedies that I have ever used for nausea and vomiting in acrid conditions of the stomach, with bilious or green vomit, is the old reliable creosote (gtt.  $\frac{1}{2}$ ), rubbed up with bicarbonate of potassa, c. p. (grs. x. to xv.), and water,  $\mathfrak{z}$ j. Use only the best English creosote, and allow nothing else to go into the stomach; and if this fails, I believe the vomiting will continue until the bowels have been thoroughly evacuated.

**VETLESEN'S COMBINATION FOR WHOOPING-COUGH.**—**R.** Ext. cannabis indica, grs. x.; ext. belladonna, grs. v.; spts. concentr. and glycerine, aa gtts. xl. **M.** This solution contains five per cent. of belladonna and ten per cent. of cannabis indica. The doses should be given as follows:

|                             |   |   |   |   |   |                 |
|-----------------------------|---|---|---|---|---|-----------------|
| For children under 1 year   | - | - | - | - | - | 4 to 5 drops.   |
| " " from 1 year to 2 years, | - | - | - | - | - | 5 to 8 drops.   |
| " " " 2 years to 4 years,   | - | - | - | - | - | 8 to 12 drops.  |
| " " " 4 years to 12 years,  | - | - | - | - | - | 12 to 15 drops. |
| " " " 12 years              | - | - | - | - | - | 15 to 20 drops. |

Vetlesen would not give the drops to children under eight months, nor where any complications existed, such as bronchitis or pneumonia.

Dr. G. S. Farquhar (*Med. World*) gives a formula for whooping-cough, which he thinks superior to any other he has used. **R.** Croton chloral, grs. x.; ether sulph., gtts. xv.; potassa brom.,  $\mathfrak{z}$ j.; tr. belladonna, gtts. xx.; fl. ext. hyoscyamus, gtts. xxiv.; syr. tolu, q. s. ad.  $\mathfrak{z}$ iv. **M. S.** One teaspoonful every four hours to a child two years old.

**THE EDITOR'S FORMULA FOR WHOOPING-COUGH.**—**R.** Fluid ext. castanea vesca,  $\mathfrak{z}$ ij.; kali bromidium,  $\mathfrak{z}$ jss.; tinct. belladonna, gtts. xx.; syr. prunus virg., q. s. ad.  $\mathfrak{z}$ iv. **M. Sig.** A teaspoonful every three or four hours to a child three years of age.

**MENORRHŒA.**—The following has been specially useful in menorrhœa in women passing the change of life: **R.** Fl. ext. viburnum prunifol.,  $\mathfrak{z}$ j.; tinct. cinnamon bark,  $\mathfrak{z}$ ss.; tinct. cimicifugi,  $\mathfrak{z}$ ij.; glycerine, q. s. ad.  $\mathfrak{z}$ vj. **M. et S.** Take a teaspoonful three to eight times a day.—ED.

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E. YOUNKIN, M. D., - EDITOR AND PUBLISHER.

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Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

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## EDITORIAL.

### LOSING IDENTITY.

There are thousands of men in this world who have a name only to live, but are dead—dead to the world and to all mankind, except it be to only a few who, through the busy din of life, happen to stumble upon them. They identify themselves with nothing; they plod the silent paths of darkness and obscurity, as if they had no object in life, no good to accomplish, no purpose in their being. They drop their bodies in the dust, and but few know of their death because they were not identified with the living and active, and their loss creates not even a ripple upon the placid surface of waters. "Why stand ye here all the day idle?" "What do ye more than others?" A church that has no purpose to accomplish will soon be swept into oblivion; a member of the church without a work to do

will soon be cast into obscurity. He might as well be dead, for he is dead already. On the other hand, let a great man die, and a nation is in mourning. His memory lives forever; his deeds are immortal.

"But," says the reader of this note, "what has this to do with the medical profession?" It has everything to do. Do you not know that there are thousands of physicians in this country who have lost their identity? Go, travel over the country, as I have done, and you will find a doctor here and there whom you have never heard of before. He has never written a word for any medical journal, never been identified with any County, State or National association; never even become acquainted with his neighbor physicians, except that some kick or cuff has brought him to his senses. If he has taken at one time a medical journal, he has lost sight of it now, and the editor has lost sight of him. His name has been continued on the catalogue of the college from whence he received his degree of doctor of medicine and surgery, but his whereabouts is unknown. Why? Because he has lost his identity. He has become indifferent to himself and to his own interests, and cares but little for the interests of others.

Go and examine the Medical and Surgical Directory of the United States, in which we have the names of eighty-five thousand six hundred and seventy-one physicians, and see the vast number having the star (\*) affixed, which in all other books means *deceased*. They may be *stars* in the profession, but in this it implies that *there is no report as to where, if at all, these have graduated*. I am not sure but this class forms the largest share, notwithstanding the fact that a great effort was made by the publishers of this great work to give an accurate history of all. Are they graduates? To what school do they belong? Do they even live in the place where they are recorded? No one knows. They have lost their identity. A few exceptions may be made, but very few indeed, compared to the vast number whose names are thus recorded.

I would not want to live by any profession and isolate myself in this way. Let the profession know where you live. Be an Eclectic, an Allopath, a Homœopath; be something. Identify yourself with the society in which you move, at home and at large. Join your county society; if none, make one. Join your State Medical So-

ciety and pay your dues promptly, for it will pay you in the end. Identify yourself even with the National Association, and you will be rewarded. Take at least one medical journal. Write an article, though short and broken it be—at least sign your name and address to a postal card, and let it be known that you live, move and have a being. By so doing you obtain an enviable position and a legitimate reputation that will do you good and that will live long after you are dead.

### SHOULD PHYSICIANS PRESCRIBE OFFICINAL MEDICINES ONLY?

This question arises from a resolution adopted by the American Pharmaceutical Association, which reads as follows:

*“Resolved,* That this association solicit the aid and co-operation of the American Medical Association, in promoting the prescribing by physicians of officinal medicines only, or such preparations as have published formulæ, in preference to others, and that the several State pharmaceutical associations make similar requests of their respective State associations.”

Let us see. An officinal medicine is a medicine, according to Webster, “having a character or composition established or approved of by the college of medicine.” It might be a question as to what or who constitutes this college of medicine. It might also be a question whether any college of medicine has the power to usurp such authority. Again, in medicine, it is very questionable whether our American physicians would be willing to yield the right of private judgment to an association that merely usurps the authority as to what the physician shall prescribe or not prescribe. Those opposed to trades unions and monopolies in science, are going to do pretty much as they please. If they find an “old woman’s remedy” beating their officinal drugs, they are going to use it. If they find a tincture made in another way than that in the U. S. P., to be better, they are not going to stop and inquire of its officinality. In such cases a physician is an authority unto himself. If pharmacists cannot keep and dispense what a physician wants, then let the physician keep it himself. Physicians may say what a druggist must keep in stock, but a pharmacist has no right to dictate to the physician.

The facts are that officinal medicines become such through empirical provings. For an association to discourage these empirical

tests and afterwards vote them in as officinal drugs, is simply the height of absurdity. For instance, the *iodide of calcium* is an officinal article, the *iodide of lime*, formerly made by Nichols & Co., is non-officinal. These drugs are quite different in general appearance and just as different in their effects. The latter is far superior to the former. I have used the iodide of lime for years, and my experience is that it is much better than the calcium. Shall I give up the non-officinal? In other words, shall I give up the right of my judgment and experience and bow to my would-be authority? I say no. Officinal preparations are often inferior to others, and the physician who has a *conscience of his own* will always use what in his judgment is the best.

The United States Pharmacopœia is all well enough, but like other large bodies, it moves too slow in the progress of the age.

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### A CONVINCING CASE OF MATERNAL IMPRESSION.

On January 1, I was called into Illinois eighty miles south of St. Louis to see a couple of patients, and on hearing of a peculiar case of "mother's mark," within half a mile of my stopping point, I determined to go and see it.

I was shown a little girl about ten years of age, well formed, bright, active and rather pretty. Near the top of her head, on the left parietal bone there was a patch destitute of hair, in the center of which was situated an enlargement. I looked, and it appeared like a toad or more like a frog as it floats on the smooth surface of the water, with its head and shoulders out of the water. The head and shoulders, or the front half of the frog-like growth, was above the general contour of the scalp, and the little *animal* was looking up toward the crown of the head as if watching the observer. Though destitute of eyes, it had a mouth. I took hold of the upper lip, and pressing backwards opened the mouth, and on the inside it seemed covered with mucous membrane. The head and mouth was a fair impression of a frog's head and a frog's mouth. This little bacterian growth was in size about that of a half-grown frog, and for half an inch around its body there was a smooth epithelial border destitute of the hairy growth of the scalp. The balance of the scalp was covered with a thick covering of auburn hair. The little

girl called it her "*toady*," and seemed proud of it, not willing to part with her pet. The color was that of the true skin, though the parents stated that during a wet or rainy time it turned a little purple, as if it wanted to take to water. The mother stated to me that during gestation, while out in the woods, she accidentally stepped on a toad, which gave her a fright. I believe she was at the time bare-footed and at first thought it was a snake. As she looked down she saw the toad sticking half-way from beneath her foot with its head protruding. Where now are our doubting Thomases? I have been on the fence on this subject, but I guess I will get down.

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**ANOTHER PECULIAR and REMARKABLE CASE:  
A CHECK OF INTELLECTUAL DEVELOP-  
MENT WHILE THE PHYSICAL  
MAN INCREASES.**

It is not an uncommon thing to find physical dwarfs; cases wherein the physical being is checked in its growth and development, the results of spondylitis, osteomalacia, etc. In these, while the physical part has, to a great extent, ceased its growth, there is a rapid development of the mental faculties, so that it is often said of such a one, that "he has an old head on young shoulders." We are often surprised at the mental powers of such persons. Their knowledge of things and their conversational faculties are indeed wonderful.

The case I am about to relate is not like the dwarfs described above, but just to the reverse of this class of cases. It is one in which there is perfect development of the physical man with a check in the development of the mental man, at a period in life well marked by the conduct of the individual, for he is a man full-grown and yet retaining only his boy development, so far as his mental faculties are concerned. In other words, he was born, not an imbecile, never was imbecile; not insane; born with a perfect infant brain that developed with the boy to a certain period, then suddenly stopped, and stands there to-day, at the very spot it first halted, while it left the physical man to plod along through life, guided only by the boy-brain.

Charles H. was born in Illinois, in 1849, and is now 38 years of



age. His weight is 240 pounds. He is of strong physical development, fair complexion, black hair, and wears a full dark beard. He is active for one of his weight, does the principal hard labor upon a farm, is faithful in what he undertakes, attends to all the chores, feeds the stock, chops the wood, and can be relied upon in any errand on which he is sent. He is of good disposition, seldom stubborn, and attends to his manual labor with a degree of pleasure. With his physical development, there is a certain degree of physical tact, but he is automatic in his movements except so far as a boyish intellect is capable of a guidance.

Now, if the reader will, upon the one hand, take this picture of a full grown man, and, upon the other, picture in his mind the intellect of a bright boy of only six years of age, he will, by combining these, be able to imagine such a one as Charlie H.

Charlie grew to about the age of six years, when he was taken sick. The disease of which he was affected is unknown. There were no doctors in that country at that day, and the father is now dead. I was unable to get even the symptoms of the disease, but perhaps spinal-meningitis, or it may have been malarial fever. Previous to his sickness he had been taught his A B C, and learned to spell as far as *baker*, and to count as far as *ten*.

He has been sent to school since then, but has never been able to get beyond "baker," nor to count more than "ten." On the day previous to my interview with him, he had slipped and fallen upon the ice, bruising the nates to a certain extent. When his attention was called to the accident, or if bidden to bring in wood for the fire, he would complain and cry like a child of six or seven years of age, until tears would roll down his cheeks; but a slight diversion would soon bring him into laughter. When asked why he did not marry, he would answer, "I am not old enough." "I shall wait till I get old enough," is a common expression of his, as if the man only regarded himself a youth. At times when bidden to do a certain thing, like a little boy, he will quickly reply, "I shall not do it; because I don't have to," and then upon a slight diversion, with a repetition of the command, he will turn and perform the work. He drives a team of horses, but has but little judgment in loading his wagon. Upon one occasion he was sent into the woods for a load of poles. Charlie stayed so long that his brothers went in search for

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him ; they found that he had overloaded and driven between two trees that would not permit the wagon to pass between. Charlie had not presence of mind enough to back or unload, but there he was, trying to pry up the wheels and to spread the trees apart to get through.

Said he to me, " We had a Christmas tree ; can you guess what I got ? " " No," said I ; " what did you get, Charlie ? " " Why," said he, " I got a harp," at the same time drawing a ten-cent harp from his pocket. He proffered to play me a tune, but his piping was destitute of time, melody, harmony and style.

Many other little incidents could be given to show the child-like simplicity of this most wonderful personage. To see a healthy, full-grown man with a child's intellect, without a single advancement, is of more than ordinary interest to me. He has several brothers and sisters and a mother living. His father was deaf for several years before his death, and one of his sisters is also deaf. His mother is intelligent, and quite active at 78 years of age. Two brothers are the peers in intellect in the community in which they live ; one a minister of the gospel.

Let some pathologist, or some scientist, give us a solution of this most wonderful of cases.

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## OH, THE PESTIFEROUS MICROBE !

What shall we do—where shall we go—to get away from the miserable microbe ? He is in the air we breathe, in the water we drink, in the food we eat.

In little drops of water,  
In little grains of wheat,  
He swells the mighty universe :  
Is not life a wonderful cheat ?

The microbe is in our sponges,  
He must be in our clothes ;  
To keep him from our lungs,  
We stuff cotton in our noses.

The poor, deluded house-maid,  
In her zeal to become refined,  
Scrubs floor and carpet in the raid,  
Till fumes carbolic make her blind.

To the ardent lover it is hinted,  
The care to be taken in his kisses;  
For, while swinging on the gate, he might  
Be taking microbes from his misses.

Things are not now as they used to be,  
When *long beards* were in the fashion—  
When bald-heads were signs of early piety—  
But now, in New York, in microbe mashing.

The doctors in our Western States,  
And even down to Brooks, in Texas,  
Are loth to let their beards and moustache go,  
To satisfy these microbial wretches.

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### BOOK NOTICES.

**CHEMICAL LECTURE NOTES.** Taken from Prof. C. O. Curtman's Lectures at the St. Louis College of Pharmacy. By H. M. Whelpley, Ph. G., Quiz-master of Chemistry and Pharmacognosy in the St. Louis College of Pharmacy. Price \$1.00.

Mr. Whelpley says, that "these notes have been published in this form more especially for students of pharmaceutical and medical colleges. I believe, however, that they will prove of assistance to all who desire to study chemistry, or refresh their memory on the subject."

This book comprises 143 pages, bound in cloth. It is well illustrated with wood-cuts, the paper is good, and the typography is excellent.

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**THE TRUTH ABOUT ALCOHOL.** By Robt. Alexander Gunn, M. D.

This is a little book of 73 pages, handsomely bound in cloth, with stiff back. Price not stated. It is very interesting reading, and furnishes much useful information on a very important subject. The author treats of alcohol as a food and as a medicine. He aims to give arguments both *pro* and *con* on the subject, and throws a slight bias in favor of its use. The fact that all nations seek artificial stimulants seems to afford some basis for the conclusion that man is hardly perfect without his "night-cap," or his morning "eye opener." From some of the author's conclusions we would beg to dissent. For instance, "That alcohol has a decided food action,

and that it constitutes a necessary article of diet for many persons." It is very questionable as to whether "more injury than good would follow, if mankind were entirely deprived of the use of alcohol." Yes, very questionable. Really, this book will be sought for by those who seek to justify their habit of tippling. The author seems to have only two parties engaged in the controversy. The one he calls "temperance fanatics;" the other, "those interested in the manufacture and sale of alcohol." It would have been fairer not to have classed all opposers of alcohol as fanatics. Still, the book is full of good information, and is worth a careful reading.

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DRUGS AND MEDICINES OF NORTH AMERICA. A Quarterly Journal devoted to the Historical and Scientific Discussion of the Botany, Pharmacy, Chemistry and Therapeutics of Medicinal Plants. By J. U. Lloyd, Cincinnati, O. Price \$1.00 a year.

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### POSTAL BRIEFS.

Under this heading we shall publish short notes of interest from every one who takes this journal. Every doctor has some item interesting to his own mind—some thought, some remedy, some case. Please put these down on a postal card, and send to the editor. This is in a measure a new departure. We sometimes like new departures. Let us try it, and if we don't like it, or grow tired of it, we can soon abandon it. Not every one likes to write a dissertation. Our readers don't want it all formal and elaborate. A single sentence has its meaning. Whose names will be found in our next issue? In the absence of medical cards, this time, we insert a few notes from our friends. We have many others of like import, but space will prevent their insertion. Moreover, they were not intended for the public. We are responsible for the *exposé*.

*Dear Doctor:* A. M. JOURNAL received, and in truth I must say it exceeds my expectations—is chuck-full of good things; is on better paper; and its general make-up shows that a master hand is wielding the helm. If the other numbers compare favorably with this one the Journal is bound to succeed. I now look confidently for a boom for Eclecticism in Missouri. Please accept my hearty congratulations.—Yours truly, M. M. HAMLIN. M. D.

RUPTURE OF THE UTERUS.—*Prof. Younkin*: Your notice in last month's issue of "Perforation of the Uterus" reminds me that a few weeks ago, in trying to remove a retained placenta with my hand, a violent contraction of the organ forced my second finger through the fundus, making a rent at least two inches in length; and in a few days later I was called in haste to see a case in which an officious midwife, in trying to turn the child in a shoulder presentation, tore the cervix and body of the uterus, making a rent fully four inches long. Both of these cases rapidly recovered.

Respectfully, F. A. REW, M. D.

NITRATE SANGUINARINA IN INFANTILE PNEUMONIA.—Infantile pneumonia, which is now so prevalent in our midst, and playing havoc with our little ones, has been more than usually severe during the last two months. Thinking a few words on this subject would not come amiss, I give the treatment pursued by myself, and found to be the most satisfactory: R. Fluid ext. aconite, gtts. v.; fl. ext. ipecac, ʒj.; nit. sanguinarina (W. S. Merrell's), gr. j.; syr. tolu, q. s. ʒiv. Sig. Teaspoonful every hour, alternated with powders of cinchonia alkaloid of iij.–v. grs. each. If the congestion or inflammatory condition is great, apply to the chest a poultice consisting of flaxseed meal fifteen parts to one of mustard, and renew as often as the poultice gets dry, care being taken to keep the bowels open with some gentle cathartic.—R. S. GRIMES, M. D.

*E. Younkin, M. D.*—Dear Doctor: Your A. M. JOURNAL, just received, is one of the journals which is to live, and to attain a greater literary merit than most of those now in the field. I bespeak for you "God speed." Thank you for this excellent number.

D. E. EVANS, M. D.

*Dear Professor*: Please find \$2.00 for subscription of the Journal for 1887. Long may the A. M. JOURNAL live a happy and prosperous life under your work as Editor and Publisher. Very truly yours—"a happy new year" to you—OTTO F. VOIGT, M. D.

*Dear Editor*: "Hail to the chief!" We welcome you to the front as our leader. The AM. MED. JOURNAL for Jan., 1887, is duly received, and read with much interest. Yes, we will sustain you, aid you, and appreciate you.—Respectfully, F. A. REW, M. D.

*Prof. E. Younkin*: Your first No. (Jan.) came to hand all O. K., somewhat dressed up new, neat and clean, and "*chock-full*" of goodies for the practitioner. I enjoyed it ever so much. Success to you, and long life and "a happy new year."—P. J. BARRINGTON, M. D.

The following note has been received, and as it borders on the private correspondence we withhold the signature.—ED.

Enclosed find postal note for two dollars, for which you will send the AMERICAN MEDICAL JOURNAL for one year, beginning with the February number. I do not belong to the Eclectic school of medicine, but I am of a liberal disposition, and after having examined the January (1887) number of your Journal, I find myself wanting to see more of it. I am a graduate of one of the most "regular" of the "regular" colleges, but I find that I do not know it all by a great deal. Hoping that I may be benefited by a year's reading of your Journal, I am, yours respectfully, ———.

*Dear Doctor*: Please find enclosed two dollars (\$2.00), which I desire to be placed to my credit on Journal sub., '87. Professor, allow me to congratulate you upon the first issue of the AMERICAN MEDICAL JOURNAL, which I have read, and find it full of reading matter that *should* be read by every busy practitioner; and after looking over the list of contributors, I feel assured that you are going to have the A. M. J. in the front rank. "*The Medical Journal*," by A. J. Howe, M. D., should be read by many physicians, at least that class of doctors who steal their medical journals—and they certainly do steal their journals if they take them and do not pay for them. Wishing you much success in your undertaking. I am, your friend,  
C. H. R.

*Dear Professor*: Enclosed find postal note for \$2.00, for renewal of the AMERICAN MEDICAL JOURNAL for 1887. I regret very much to part with my old friend Prof. Pitzer—having formed an attachment for him never to be broken. Now, my dear Professor, I wish you great success in the management of the Journal; trust that God will bless you abundantly, and prolong your useful life. Give my highest regards to Profs. Pitzer, Rutledge and Merrell. Your friend and brother,  
F. N. BURGIN, M. D.

**NOTES AND PERSONALS.**

JOHN BALLARD, of Davenport, Iowa, claims to have found a delicate test for oleomargarine. It is as follows: Take a sample of the supposed butter to be tested, and if you find a red hair in it as long as your arm you may be satisfied that a woman made it, and that it is genuine butter, as oleomargarine is manufactured exclusively by short-haired or bald-headed men.

AND now here comes Frederick Hulzhorst, of Yutan, Nebraska, with a new obstetrical instrument that clamps, ties and cuts the umbilical cord without soiling the fingers. The next is a self-binder.

DISPOSING OF THE DEAD.—This is not a question for the Church to settle. It is not one that the Church can settle. The final words of spiritual admonition and comfort may be spoken as well above a body in the chapel of a crematory as over one lying at the leeward gangway of a ship at sea, or upon a bier beside a grave. It is not a question of moral right or wrong, and it will be a mistake if the Church attempts to make it so, even in appearance. It is simply a matter of the human will. If mankind will have burial, they will have it; if cremation, then cremation it must be. Human will, about a thing of this kind, means public opinion. So long as the many demand burial, the majority of mankind will not be cremated; but when the world at large desires cremation, burial may become a thing of the past. Probably never will either method be the universal one. In some places mankind will bury and in others will burn the dead till the end of time. Yet this need not affect the growth of Christianity one way or the other. The future of the soul can never depend upon the future of the body, and it is the soul that Christianity would save.—*North Amer. Review.*

ERRATUM.—The Surgical Instrument Specialty Co., of Matteawau, N. Y., asks us to correct an error made in the December number of this JOURNAL. On their "New Style of Speculums," page 568, instead of ear speculum it should be nasal. On page 569, under last cut, it is nasal; it should be female urethral speculum. The company adds also that since reporting our prices to you, we have, on account of larger orders given to the manufacturers, been able to reduce the prices; the rectal speculum to \$5.00 net, and the urethral, \$4.00 net.

THE MEDICAL EDUCATION OF WOMEN IN EDINBURGH.—The re-opening of the Extra-mural Medical School at Edinburgh this fall, was marked by the re-admission of women to medical education in Edinburgh, after an interval of more than twelve years. The first year's course comprises, as usual, anatomy and practical anatomy, chemistry and practical chemistry. The ladies' class consists at present of six students.—*Med. Record.*

SHOT-GUN PRESCRIPTIONS.—A physician in Fort Wayne, according to the Fort Wayne *Journal of the Medical Sciences*, recently prescribed for a baby five prescriptions at once, and one contained seven different drugs, divided into ten doses. Poor baby! Another prescription for an adult contained fourteen different drugs, divided into forty doses. At last accounts the patient and the doctor were living.

ANOTHER death from sublimate injections (1 to 2,000) after childbirth is reported from the clinic of Breisky, at Prague. Sublimate injections will soon have as bad a record as chloroform.—*Med. Record.* Dr. Belfield, of Chicago, relates a case of fatal poisoning by the absorption of the bi-chloride used as a dressing for a wound. The case was one of supra-pubic cystotomy, two large calculi being removed. The patient did well until the eleventh day, when symptoms of mercurial poisoning ensued, and the patient finally died, although the sublimate dressings were discontinued as the toxic symptoms arose.

ALL of Darwin's breeding experiments are outdone by Dr. Funkhouser, of St. Louis, who recently exhibited a specimen of an embryo five days old, the result of the union of a rooster and a duck. This was the only fertile specimen of sixteen such eggs hatched in an incubator. The doctor thought his experiment tended to upset prevailing ideas about species, general orders and classes. Dr. Funkhouser states that all sources of error, with regard to the roosters and ducks, had been carefully avoided. But we must beg leave to express doubts on this point. We have heard of an Egyptian observer who testified to the fruitful results of an indiscretion between a hippopotamus and an alligator, but the observation has not been confirmed. Dr. Funkhouser's experiment is revolutionary, and needs most careful confirmation.—*Med. Record.*



**OFFICE MEDICINES.**—Many physicians are not situated so as to get their remedies of a druggist near home. Others prefer to go to first hands. We advise our readers to try Lloyd Bros., Cincinnati, Ohio; they supply everything physicians require, and of assured quality.

Dr. A. H. Collins, Honey Grove, Tex., writes that he has dealt with Lloyd Bros. for a number of years, and believes their productions to be "the purest, best and most honest goods on the market to-day."

**CHRISTMAS PRESENTS.**—On Christmas eve the door-bell loudly rang, and, upon answer, the editor of this JOURNAL was presented with a life-sized portrait of himself, worked in crayon and set in a beautiful gilt frame, bearing the compliments of Smith & Gibbons, No. 7 South 22d Street, St. Louis. We return our heart-felt thanks for this shadow of the substance. We would recommend this firm to those who wish a picture, not like the editor, but like yourself—as others see you.

Another: A beautiful silk hat of the latest agony was left on the editor's table with the request to accept it and wear it in the esteem of the donor. Up to this time the donor is inclined to withhold the name, but we are thankful all the same.

**NOTICE!**—All back dues to this JOURNAL must be settled with E. Younkin, M. D., the present editor. This arrangement has been made between Dr. G. C. Pitzer, the former editor, and Dr. Younkin. We desire every one in arrears to respond to this gentle reminder, thus saving us from further notice and the necessity of dropping from our list. We shall ask no one to take the JOURNAL as an act of charity. We propose to make it a necessity to every doctor's mental armamentarium. Can you afford to do without it?

**KIDDER'S BATTERIES.**—The committee in charge of the American Institute Fair, New York, have awarded the Medal of Superiority to the Jerome Kidder Manufacturing Company, No. 820 Broadway, New York, for their 1886 exhibit of Electro-Medical Apparatus. For fourteen years the Jerome Kidder Machines have received the highest awards from the American Institute over all competitors, and wherever they have exhibited in competition.

WITH renewals from our old subscribers come the most gratifying expressions of appreciation of the AMERICAN MEDICAL JOURNAL. We have about two acres and three-quarters of letters and postals of this kind, and several counties more to hear from. Let them come, for we want to know, and we can stand to be tickled—in the pocket.

A LESSON ON SUBSTITUTING DRUGS.—It is a well-known fact that there are druggists in every large city who are not to be trusted with the filling of a prescription that calls for any expensive drug. They come and go, so that at last physicians are compelled to designate certain of the drug fraternity as trustworthy, and insist upon their patients going to these alone for their medical supplies. If they fail to do this, their work is thrown away, and their reputations go with the failure of their remedies in critical cases.

A few cases from actual observation and experience will illustrate this better than a volume of argument:

1. Thirty grains of quinine, in three doses, to be taken at hourly intervals, were prescribed for a young man suffering from ordinary intermittent fever. The doses were taken as directed, but no signs of cinchonism were induced, and the disease progressed without change. The same doses in Warner's Sugar-coated Pills were ordered, with the effect of inducing well-marked cinchonism with cure of the disease.

2. In a case of profuse menorrhagia, one ounce of fluid extract of ergot was ordered, with directions to take one fluid drachm every hour until the hemorrhage ceased. The entire amount was taken without result. An ounce of Squibb's Fluid Extract of Ergot was ordered—same directions, and the flooding ceased after the second dose.

3. Four ounces of a mixture of bromide of potassium and chloral, each an ounce, with tincture of hyoscyamus and fluid extract of cannabis indica, in appropriate doses, were ordered, with directions to take one teaspoonful every hour until sleep should be induced. An ugly, muddy mixture was received, which produced nausea and headache, but no sleep.

A similar prescription, instead of the above extemporaneous officinal combination, was ordered, only Battle's Bromidia was desig-

nated, which induced refreshing sleep after a few doses of from twenty to thirty drops had been taken. [Extract from an article in the December *Medical Brief*, by William B. Hazard, M. D.]

**LACTIC ACID IN CANCER OF THE UTERUS.**—Dr. A. B. Carpenter says: "My attention was first called to the lactic acid treatment while in Berlin last year, and where it was first used by Dr. Leopold Landau, from whom I gained the following account: Lactic acid has lately been brought to the attention of the physicians by Mosetig, of Vienna, who used it in cases of lupus vulgaris. \* \* \* Landau was the first to use it in malignant diseases of the uterus. Lactic acid has no corrosive action upon healthy mucous membrane, but attacks and destroys unhealthy and sloughing tissues. The diseased tissues turn dark, dirty brown under its application, and quickly slough off, leaving a healthy appearing surface, which tends to granulate and heal. It is a valuable remedy when the pain is severe, and the discharges very offensive and flooding frequent." It may be applied as follows: Introduce a speculum, cleanse the cervix with a mop of absorbent cotton dipped into the acid, apply freely to the parts; water is then thrown in, and the acid again applied, after which a tampon of cotton is placed and the patient allowed to go. The application should be made two or three times a week.

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**OBITUARY.**—Dr. R. W. Geddes, of Winchenden, Mass., died on the night of Dec. 5th, at his home. Dr. Geddes was born in Scotland, May 8th, 1815, and came to America in 1841. He graduated in Cincinnati in 1854, and had gained a reputation in his profession as a successful practitioner. We were personally acquainted with him, and knew him to love him. The profession has lost an able man, and his circle of patrons a faithful and conscientious physician

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### Doctors, Read.

For good reasons, I will sell my practice and new residence for \$900. In a live railroad town. Fine farming country. Good society, schools and churches. No other physician in eight miles. Address, at once, **DR. A. B. STONE,**  
Iantha, Barton Co., Mo.

# THE AMERICAN MEDICAL JOURNAL.

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## *ORIGINAL COMMUNICATIONS.*

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### TREATMENT OF RHEUMATISM.

BY. S. S. CARR, M. D.

Having recently had a number of cases of rheumatism, it may not be amiss to give my treatment, hoping that if some one has a better they may give us the benefit of it through the Journal. We call the methods now used a great improvement over the older plans of treatment, but it is an open question as to which is the better way, the alkaline or the acid medication, or a combination of both. In fact I am inclined to believe that each is the more successful in any particular case as it is adapted or fitted to the symptoms present in that case.

Whilst I believe that with the newer methods of treatment we bring speedier relief to the suffering, make our patients more comfortable, and the disease more endurable, I question if we have shortened its period of duration.

In my experience the use of the salicylates is never contraindicated by the presence of cardiac symptoms, but that pushing them to their utmost is proper in this complication. I have always so used them, and quite recently in three cases of general acute articular rheumatism with grave rheumatic endocarditis. I have used them throughout the complication with the happiest results. I find also, as a result of the treatment I use, that the patients usually recover without serious injury to the heart, without deposits upon

the valves; and certainly it is of great moment to carry these grave cases safely through without injury to the organic structure of this organ.

The febrile movement should be controlled by gelsemium, nitre, sponging, etc., just such methods as would allay an excess of temperature in any fever.

Pain should be controlled by small doses of Dover's powder, morphia, or other suitable narcotic.

A good prescription is the following: R. Tinct. opii, tinct. lobelia, aa ʒj.; fl. ext. ipecac., gtts. xxx.; nitrate potass., ʒj.; cascara cordial, q. s. ʒj. M. Sig. Twenty to thirty drops every hour or two. Or where the pain is excessive, and there is present much nervous irritability, you may use the following to secure rest or sleep: R. Chloral hydrate, bromide kali, aa ʒij.; morph. sulph., gr. j.; syr. prun. virgin., ʒj. M. Sig. A half teaspoonful every hour or two, or as needed.

The digestive system will need some attention and the bowels should be moved with mild aperients—avoid purging, it will only aggravate the case. Usually a combination of compound powder of jalap, bitart. potass, and a little pulvis ipecac., given just enough to move the bowels, will answer very well; or a spoonful or two of olive oil. Of course if there is marked constipation the physician must govern himself accordingly and use more active agents, until he overcomes the difficulty.

For the special trouble, the sum of departure from health present, which we name rheumatism, I have always for some years past used the following prescription, which is both pleasant to take and the best salicylate I have ever yet found: R. Acid salicylic, ʒiv.; potass. citras, ʒvj.; ammon. carb., ʒij.; aqua, ʒiij. Triturate in a mortar with the water until effervescence ceases, then add, syr. simp., q. s. ʒvj. Sig. Two teaspoonfuls every 2 or 4 hours, as the urgency of the symptoms demand. In some cases three teaspoonfuls may be given at a dose. When the graver symptoms are under command, continue the medicine in teaspoonful doses every 3 or 4 hours, or 3 to 5 times a day.

I use the above freely and in the largest doses, even when cardiac symptoms are present.

In addition, when endocarditis manifests itself, I give the fol-

lowing: *R.* Calomel, grs. v.; podophyllin, gr. j.; soda bicarb., grs. xx. *Fiat chart, v.* *Sig.* Give one every three hours, and follow with the compound powder of jalap, if necessary. You only want to secure one or two good evacuations of the bowels. If the patient is not decidedly improved, repeat this on the third day. Whenever there is a tendency to plastic exudation in excess that is likely to damage any tissue or organ I use calomel, and successfully too. It is like any other poison, however; you must know what you are using, and how to use it.

As rheumatism rapidly produces debility, tends to anæmia, and in this section of the country is often complicated with malaria, always use tonics and anti-periodics. Quinine is good and may be used in a single dose of twenty grains given every morning, or in divided doses, given at regular intervals throughout the twenty-four hours.

I, however, mainly rely upon salicin, as in addition to its tonic and anti-periodic effects, it seems to exercise some influence in controlling the particular fever under consideration.

It is necessary to do something topically for the inflamed joints, at least as a placebo, if you do not have much confidence in it yourself. I use cotton batting dipped in a solution of soda water, applied around the painful joints; around this a layer of dry cotton, and have this dressing repeated every hour or two. It is soothing to the patient. Where the local pains partake of a neuralgic character I use a liniment, as follows: *R.* Ol. sassafras, ol. cajeput, aa ʒij.; chloroform, tinct. aconite, aa ʒj.; camphor, ʒiv. *Lini-mentum.* *Sig.* Apply five or six times a day to the affected part.

Under the above plan of treatment, most of the cases that have come under my care have done well, made good recoveries, without cardiac sequelæ.

But there have been a few cases in which it seemed necessary to entirely change the treatment, go back to the alkalies, colchicum, phytolacca, and iodide of potash. Perhaps if we were in the future most carefully to note the exact condition and circumstances of the patients in whom the salicylates fail, and those in whom the alkaline or a pure acid treatment succeeds, we might be able to make a differential diagnosis of these cases early in the disease, and use a treatment less empirical and more rational than we now do.

In conclusion, when convalescence begins, your duties to the patient are by no means ended. You have to build up tissues that are wasted, overcome debility, restore lost strength, enrich an impoverished blood, and, most of all, guard against relapses to which your patient is so liable. Vegetable tonics, chalybeates, dietetics, will all need to be given, or properly directed. As during the acute stage of the disease, I always put my patients upon an absolute milk diet, so during convalescence I direct an easily digested and nutritious diet, as much to eat as they will properly digest and assimilate, continuing in moderate quantities the use of milk as a part of their food. They are usually soon on their feet again.

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## REMINISCENCES OF MISTAKES IN PRACTICE.

BY J. H. TILDEN, M. D.

I. In the autumn of 1876, I was busy, as were all physicians in my section of Illinois, doling out quinine by the ounce, as there was little else but intermittent fevers in all cases prescribed for. Some few cases assumed the dignity of remittent and bilious fever. I carried the remedy in three or four colors, using ferrocyanide of iron, subcarbonate of iron, hydrastis, etc., as coloring. What I left at Brown's I did not like to leave at Smith's, just across the road; and neighbor Jones, farther on, would not like to take the same medicine prescribed for other people, who were not as sick as himself. In fact, they all were "sicker than a horse," and "anyone could see they all did not require the same medicine." I was exercised about as much in keeping the people from knowing that I gave nothing but quinine as I was with any other problem of the day. That I succeeded to an appreciable degree I have every reason to believe, for I often received the compliments of the old ladies (male and female) of the community. "Why, doctor, you carry more bottles than any of the doctors. I do believe that you are the only one that knows how to use anything but quinine." I usually answered by saying: "Quinine is a good remedy, but it will not cure everything."

Shame to the doctor that will prejudice the people against the grand old remedy! I have worked hard to restore confidence in the remedy, that had been prejudiced away by designing M. D.'s.

One morning, as I was on my circuit through the country, a

neighbor to the patient I had called to see, asked me for a prescription for chills—said he was having one every evening, about five o'clock. I prescribed, and requested him to call next day, as I would be there about the same time. He did so, and told me he had the chill just the same as before. I increased the dose, and again requested him to report, which he did—result as before. That was quite mortifying to me, for I seldom had to prescribe more than twice, usually but once. I again increased the dose, and said: "I will guarantee you miss the next chill." About eight o'clock that evening I received a call to visit the patient at his home. He had missed the chill and fever, but, what was worse, he had a fearful cephalalgia, due to cinchonism. He was frantic with pain. I prescribed for the pain and left, telling him he would be all right by twelve o'clock. About one hour after I left he became impatient for relief, and sent a messenger after me again. I had just gone to bed, and was worn out from long work and no rest, and could not see the need of going, so I sent the messenger back with the word that he would be well soon, and for him to be patient. He was so angry because I did not answer his call that he sent back to town for another doctor. Dr. No. 2 was glad of the call, for the sick man was "gilt edged;" besides, he had influence. The doctor called at my office the next morning, and I told him all, as I have just related; but the sequel proved that he did not believe me, and to prevent a return of the neuralgia (diagnosis of Dr. No. 2) he gave a heavy round of quinine. Don't you doubt for a minute that the doctor and patient had an interesting time overcoming cinchonism. The end of it was that I was called back in about four weeks, to see if I could do anything for the patient, he being pretty badly used up. Said I: "Henry, we will begin where we left off; stop all medicine, and see if you are not all right now." He did stop it, but did not improve as fast as he would, had he not been pretty vigorously medicated for a medicine disease. "The hair of the dog will sometimes fail to cure the bite." My mistake was, I did not look after the solution and absorption of the remedy, but ran along and filled my patient full, and reaped its explosive (?) effects. The patient made a mistake by getting mad; and Dr. No. 2 made a mistake in not believing what I told him, of which I was selfish enough to be glad, for if he had given the patient a



placebo he would have had the inside track with that family, and probably others.

2. In 1873 I had a case of obstetrics. Everything went well; easy labor, and all indications pointed to a quick getting up. Three or four days after, the husband called, and said his wife was not doing well, and after telling me the leading symptoms I prescribed. I was called the next day, and did not see anything to excite particular interest, but left word if she was not doing well to let me know; which they did two days after. I called again; the patient greeted me cheerfully, and kept up quite a talk, which I thought at the time was out of keeping with my previous acquaintance with her. I also noted that her eyes were bright—all of which I looked upon as favorable. A slight vomiting that she had been troubled with during the day I attributed to indiscretion in diet. I was satisfied from what I saw that the patient would soon be up; and I informed the husband that his wife was in no danger, and would soon be up. Imagine my chagrin when informed next day that my patient died the night before. My mistake was neglect in examining my patient—jumping to a conclusion—a mistake I wish was not as frequent in the profession as it is. I have since that case had others, where by using the thermometer in like circumstances I find a temperature from  $104^{\circ}$  to  $106^{\circ}$ . Who would say that such a case would be out soon, or out at all unless skillfully handled?

3. In Jan., 1873, I was called seven miles in the country to see a young man. I found him complaining of general numbness; said he had been well up to that morning—had been to a dance the night before, and rode home through the cold (six miles) after the dance. I saw nothing about him requiring medicine, so I prescribed a placebo, and thought I would await developments. No sooner had I returned home than a man came riding up and called me out, saying: “You are wanted out to Mr. B.’s at once! he is either dead or dying!” I started without delay, and found my patient dead. Did I feel bad? Let the young M.D.’s answer. I did not know any of the gentlemen that had gathered to pay respects to their dead neighbor, but I selected from the number a good, kind-looking old gentleman, and requested him to take a part of the medicine home with him and keep for me, in the event of trouble, which he did. Before I got back home, the report had become rife that the

young doctor had killed a man out north of town. Some of the medicine was brought to town for my cotemporaries to examine, which they did, and as a matter of course *would not give me away*. When asked regarding it, they would shake their heads ominously, and say: "We hope the matter will be dropped." "Mistakes will happen, and the best thing to do is to say nothing." His brothers, living in an adjoining county, came to bury him. They called and settled the bill, and said they would like to take a little of the medicine home to a family physician, and then report to me. I received a letter in a few days from the physician, saying that he had expected to hear of the death of the young man at any time, from a heart trouble of long standing; that he thought it would take quite a good deal of *saccharum-lactis* to kill a man. My mistake was a lack of knowledge of heart trouble. Of course, if I had been well posted I would have recognized the symptoms.

4. In 1882 I was called to see a wealthy gentleman who had been for years trying to put himself, or his anatomy, into a state of perpetual continuity, by using the best whiskey that could be procured. The morning I was called he showed signs of delirium tremens. I left a prescription of bromide and chloral, and told his wife to get some man to stay with him and give him his medicine, as she would not be able to manage him if he should get worse. In about two hours my partner and I were called again. We found the patient very wild, and hard to manage. We were not in his room long when he was taken with a severe convulsion, which lasted several minutes. On quieting down from the convulsion, the delirium would return, to be followed again by convulsions. He had received up to this time but little medicine. I suggested morphine per hypodermic, but my partner objected. The case became so urgent that I gave about three-quarters of a grain. I thought it would take that much to do any good. We did not wait long till the patient began to quiet down, and when he got thoroughly under the influence of the drug, I left my partner to watch him while I visited some cases in town, and then I was to return and stay with patient while he would visit his cases. This was about 9 A. M. I did not get home for dinner till 12:30 P. M.—my wife meeting me at the door, and saying that I was wanted at once over to Mr. Blank's; that he was dying. I hastened to the house (about a block from my residence),

and found my partner and Senator S. standing over the patient, and the patient's wife ringing her hands and giving vent to her grief. I hurriedly drew my partner to one side, asking how long the patient had been in his present condition. He said he had been gradually going down ever since I left. Pulse about 40, respiration 4 or 5—the worse developed cyanosis I ever saw. I asked if anything had been done to restore him. He said he did not think there was any use in trying to restore the case, for he would surely die. I stepped to the telephone, which was in the house, and called up a druggist, requesting him to send some nitrate-amyl without delay; and in a few minutes I had the drug to patient's nose and mouth. I do not think it was over fifteen minutes till the respirations were 10 to 12; it could not have been more than forty-five minutes till the case was in almost a natural condition, as regards breathing and heart action; cyanosis all gone. We continued the amyl till about 10 o'clock B. M.—delirium, fits and all, knocked colder than a wedge, if the patient did come near sharing the same fate. I am not the “old doctor” that was “h—l on fits,” but I am reminded of him when I think of this case. My mistake was in giving morphine on top of chloral; however, I was of the opinion that the patient had not got much of the chloral. As to the contra-indication for morphine in the case, I am not satisfied; I should use morphine again if I had a similar case. Up to that time I had not noticed, in my reading, amyl recommended for opium poisoning. I will say, in this connection, that it is *the* remedy, first, last, and all the time.

5. I practiced medicine about sixteen months before I got married, and in that time I had done quite a good business, but had been called to but one case of obstetrics. The ladies objected to having a single man. After I got married, these cases came pouring in, as if they had been postponed for my benefit. Perhaps it will be as well for me to admit that I had an eye to business, and cut the courtship a little short in advance of the gathering storm. One night, in less than two weeks after the eventful period of my life, I received a call to attend a Mrs. S., primipara. She was walking the floor when I entered the house, having light pains every ten or fifteen minutes. I examined her, and found the os quite small. I remembered Prof. King said: “Stay, if as large as a half dollar.” I concluded, as I was not needed just then, to visit a case close by

and return, which I did. On returning, I found the patient about the same. At about this juncture there was a call at the door for me. I stepped out, and found a gentleman after me to visit his wife for the same trouble. I went back in the house, and told my patient that she was not needing me, and probably would not for three or four hours, and possibly not that night. (I was working for a leave of absence, for I knew but very little about how soon she would need me.) After promising her that I would not go out of town, she excused me. Before leaving, I left a dose or two of morphia,\* with instructions, if the pains became more frequent, to take one, my object being to hold the case till I could get through with Case No. 2. I did not want anything to get away. I found Case No. 2 attending strictly to business, with a prospect of getting through it soon, if attention to business meant anything. In two hours the head was delivered, and I was tugging away to get the shoulders through, when I was called at the door, just as the little semi-asphyxiated fellow made his first yelp. A lady said to me: "Mr. S. wants you at the door." I felt the great importance of remaining at my post. My college training led me to think that I must stay at least one hour after the birth of the child, so that in the event of hemorrhage I would be on hand to check it. I was in a dilemma. Mr. S. was at the door, and I must either go with him or he would have to go for some other doctor. The powders had been given, but they had not acted as I wanted them to act; in fact, Mr. S. said they made the pains harder instead of lighter. I sent Mr. S. back home, and told him I would come in about fifteen minutes. I returned to the bedside of No. 2, and she was feeling fine. I took hold of the cord and pulled ten pounds—at least I pulled about as near ten pounds as a fellow could that knew nothing about a ten-pound pull. The pull did not start the placenta. I had her blow in her hands while I made another pull, but that did not start it. To my horror, I had a retained afterbirth. All the blowing, "quilling" and pulling did no good; one thing favorable, there was no hemorrhage. As my patient at the end of fifteen minutes was feeling well, no flow, etc., I thought I would run over to Patient No. 1,† and see how she was getting along. I worked hard with

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\*Since that dose of morphine, it has been my parturient accelerator.

† The patients only lived about three blocks from each other.

her (that is, she worked hard), for I knew I was needed by No. 2; but the case made haste slowly. I became so anxious that I sent over to find out how No. 2 was getting along, and word came back that she was all right, no flow. I felt easier. About 5 o'clock A. M. No. 1 presented her husband with a fine boy; and to my discomfiture, all the blowing, "quilling" and pulling would not bring this afterbirth. I was in trouble up to my eyes; what to do I could not decide. I did not wish to interfere with Nature, for Prof. King had said that "meddlesome midwifery is bad." At about this juncture a young man called for me (I had been expecting a call to see his mother). I told him I would go soon; I was about through with the case in hand. I could not let anything slip; \$10 was a big thing now that I had taken some one to keep and provide for; besides, she had done some nice corraling, and sending all calls to me. I was beginning to think that if taking one wife would increase a doctor's business as it had mine, I would not object to about six, providing I could get cheap doctors to follow up and do the "quilling;" that part of it I did not like. Patient No. 1 was very much as No. 2. I excused myself with the promise of returning soon. I got my horse, ran over to see No. 2, found her the same, and told her No. 1 was just like her. "Misery likes company." (I should have felt better myself if my trouble had been duplicated in some one else.) She sympathized with me for being overworked; a compliment I like, and fished for by some physicians. (I have heard of, I have known, physicians so entirely worn out with a business of \$1,500 [on the books] a year, that they entertained serious thoughts of abandoning their practice till they could recuperate.) I found No. 3 strictly attending to her own knitting, and prepared to fight it out to the "bitter end" in just that way, "if it took all summer;" for she would have nothing to do with a boy. (Me a boy! A man with a wife!! And an M. D.!!!) She was mad with her husband because he would send for me, and not the old family physician. I offered to help her, but she informed me that she would let me know when she wished for my help. Her state of mind must have acted like the morphia on No. 1, for I had not to wait more than twenty minutes till all was over. She then turned herself from the side of the bed on which she had been lying, and said to me: "There, you can attend to his (the husband's) young one." I

turned the cover back, and found baby, placenta and all. I severed the cord, instructed the nurse regarding all the little particulars, took the \$10, and skipped. I got the fee just the same, work or no work. It was no fault of mine that I did not help her, for I was as willing as anybody. I returned to Case No. 1. She was as I left her. I gave a ten-pound pull, blowed and "quilled," with results as of old. I was glad to find no flow. No. 2 about the same. I gave her case a pull, and had her blow and "quill," with no effect. I was in lots of trouble. I went home, and told my wife of my experience. She sympathized, of course, but could not suggest any help. I visited the cases often during the day, and each time gave a ten-pound pull, and had the patients blow and "quill," but to no effect. About 5 o'clock in the evening I was with No. 1. I had become somewhat bold from having faced so much danger for twenty-four hours. I passed one finger up the cord, then two, and carefully pulled and felt, and watched for hemorrhage. I grew in boldness, and pulled a little harder, say about ten and a half pounds, when, to my relief, it started, and out it came. I washed my hands and started for No. 2—not, however, till my patient, her husband and friends had covered me with compliments till I had grown (in their estimation) to monstrous professional proportions. When I got out where no one could hear me, I said to myself: "You are about the biggest greeny I ever saw; that afterbirth was in the vagina all the time, and I will bet you a horse there is where the other one is." And it was. I need not say, in conclusion, that those cases gave me quite a reputation.

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## REDUCTION OF AN ANCIENT LUXATION OF THE SHOULDER JOINT.

BY GEO. COVENT, M. D., CLINTON, WIS.

The physician occasionally meets with cases out of the general order—not outlined in text-books. The surgeon is often consulted in regard to ancient dislocations and as to the possibility of having them reduced. He can but reply that it depends upon the case, upon the amount of injury sustained at the time of dislocation.

A case might be beyond manipulation within a few days; in others, reduction might still be practicable after months and even years. I have known luxation of the humerus from the glenoid

cavity occasioned by simply throwing an object or by a convulsive condition. Such cases, in which there is but little injury to create inflammatory action; may be reduced even years after the accident.

A case in point: A Mrs. C. about fifty years of age, of small bone but much flesh, weighing probably some two hundred pounds avoirdupois, some twenty-five years ago injured her shoulder severely while in the act of throwing a large pumpkin over a fence. She summoned a reputed surgeon who pronounced the shoulder sprained, and so treated it. Later, he treated it for rheumatism. Some years afterward my attention was called to the condition of affairs. From the following symptoms I diagnosed a dislocation of the humerus:

The natural contour of the shoulder was lost, a depression under the acromion process, inability to raise the arm at right angles to the body, or the hand to top of the head, or across upon the opposite shoulder. Evidently the injury to muscles and ligaments were not such as would have occurred had the luxation been occasioned by a blow or by a fall upon the hand or elbow. Undoubtedly it was primitively subcoracoid but subsequently subclavicular, as the arm was about one inch shorter than its fellow.

At the first, I believe the head of the humerus was not far from the glenoid border, and possibly not even through the capsular ligament, but through her habit of always resting her elbow on the arm of her chair when sitting idle or using her hands only, it was gradually forced upward, tending to shorten the arm, without injuring muscles or tissue.

Last August, she being still large and fleshy and seventy-seven years old, fell and injured her shoulder again, much more severely than before. The arm turned black to the elbow, the shoulder and entire arm badly swollen.

For five days we combated the inflammation; then detected a slight crepitus, but was unable on account of the swelling and fleshy condition of the patient (the arm measuring about twenty inches in circumference), to diagnose to a certainty the precise nature of the fracture—whether of the rim of the glenoid cavity, or the coracoid process, or the head of the humerus.

Manipulation was almost out of the question, as it caused great pain and suffering. On account of old age and feeble action of the heart I dared not to use anæsthetics. Therefore I dressed the arm



with strapping and a shellac-splint with shoulder-cap and hinge. The sequel proved the fracture, or whatever it was, of trifling importance. In four weeks I removed the splints and strapping and she was able to use her arm as she had not used it in twenty-five years, putting her hand to her face and head and across upon the opposite shoulder.

The arm appeared as long as its fellow, and the flattened condition of the shoulder was corrected. We could come to no other conclusion than that her fall had reduced the old dislocation.

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### STILLINGIA LINIMENT.

BY J. G. ELLIS, M. D., OAKLEY, ILL.

My experience with the above remedy, or combination of remedies, this winter has been quite satisfactory. I have found it most useful in diseases of children, coughs, colds, croup, etc. It makes but little difference whether the croup be dry or moist, but there is one condition where it is not admissible, except in very small doses, and that is where the stomach is irritable, with reddened tip and edges of tongue. My prescription usually reads: *R.* Linimentum stillingia, gtts. xx.; syr. sim., q. s.  $\mathfrak{z}$ iv. *M.* *Sig.* To a child five years old, from one half to one teaspoonful every one, two or three hours, according to cough and tightness of chest. Of course ipecac., asclepias, or any of the sedatives that may be indicated, can be added, or alternated with the above, as is needed in each case. If the lungs seem very irritable, with tendency to inflammation, the following may be used in connection with above: *R.* Stillingia liniment,  $\mathfrak{z}$ j.; ascleps.,  $\mathfrak{z}$ j. Mix, and rub on chest and throat every three or four hours, and cover with flannel. It is also an excellent prophylactic in mucous croup. When the child is first heard to cough croupy, give it one or two drops of the liniment on a little sugar; if necessary, repeat it, but usually one dose is sufficient. My experience with it in membranous croup has been limited, but with negative results: but I believe, if these cases could be seen in time, that it would be of great benefit. It is useful in a great many conditions of the throat and upper air passages, in young and old. Perhaps it would be well to give its formula. I give the new—as recommended by Dr. A. B. Rush, *Eclectic Medical Journal*, vol. xliii., p. 100—as I like it best: *R.* Oil lobelia,  $\mathfrak{z}$ j.; oil stillingia,  $\mathfrak{z}$ ij.;



oil cajeput, ℥iij.; glycerine, ℥iv.; alcohol, 90°, ℥iv. Prepare as follows: Heat the glycerine and add the oils, and shake till thoroughly incorporated; then add the alcohol, and shake five or ten minutes.

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### POSTAL BRIEFS.

AN ENLARGED SPLEEN AND WHAT BECAME OF IT.—*Professor Younkin*: I send you the following note to show your readers that Dr. Bain, of Caddo, don't have all the fun to himself:

Drs. G. and M., well-established physicians, and intensely *regular*, have been treating the wife of Mr. C. for the past three months for an enlarged spleen. About a month ago they found this organ much indurated and grown fast to the side. They advised the lady to grasp a rope suspended from the rafter of the house, and swing and jerk herself, as best she could, to break the spleen loose from its adhesions. The woman followed the advice, which gave her much pain; but she continued it as long as she could. On the night of January 27th last, I was called in haste, the messenger stating that I was wanted immediately, as the woman was suffering severely, and that Drs. G. and M. had told her that she must have the spleen cut out.

When I reached the case I found the womb strongly anteverted, and the woman evidently in labor at full term. I restored the organ to its position, and in a short time delivered her of a ten-pound boy, the cord around its neck twice. The doctors did not wait to see the operation performed, neither do they inquire of the results. A verification of this case is forthcoming if you deem it necessary.

R. A. F., M. D.

SEQUELÆ OF TYPHOID FEVER.—A young man, aged eighteen years, suffering with typhoid fever, was taken about the fifteenth day of the disease with severe hemorrhage of the bowels. He became pale and much prostrated, and sank down in bed. An injection of wood-charcoal was administered, and charcoal pills given by the mouth. The hemorrhage immediately checked; the prostration, however, continued, and the patient cold and bathed in a clammy perspiration over the entire body. A granule of atropia sulph. (1-60th) was given, which checked the perspiration in a few minutes and produced warmth. The patient made a good recovery.

J. B. M., M. D.

WHERE WERE THE MICROBES?—The case I here relate is the more interesting since our railroad surgeons are trying to secure legislation, making it mal-practice to neglect Listerism in the treatment of railroad cases:

I was called in great haste to assist in amputating the right arm of George B. He had been thrown from a wagon and dragged some distance. He was very drunk at the time, and I was told that another physician would be there with all the necessary instruments.

I hurriedly curried my horse, that had just rolled in the dust, and was soon on the spot, at a little log cabin. I decided to amputate just above the elbow. I operated without cleaning my hands; an old soiled handkerchief was used as a retractor; common black spool cotton thread for sutures. The bone was cut through with a fine-toothed carpenter's saw; in fact everything was dirty—even filthy—and the man made a good recovery. He had been having the chills, but they ceased, and I made but one visit after the operation. If filth is such a great source of septic infection, why was sepsis not seen here?—F. A. REW, M. D.

THE USES OF MALTINE.—My very successful experience with maltine makes me feel it a duty to the profession to point out some of the principal features of merit this very valuable preparation possesses.

It contains *three* most nutritive and digestive agents, rich as they are in phosphates, diastase and albuminoids. Hence, at a glance, it is apparent that for constructive metamorphosis of the brain and nervous system at large, this preparation must prove most efficacious. The large proportion of brain and bone-producing food it contains, therefore, makes it of incalculable benefit in many forms of wasting and asthenic disease. The large proportion of diastase and other albuminoids present in its composition, gives it both digestive and nutritive value. Its digestive properties, in fact, enhance its nutritive or tissue-forming capacity.

In a word, in nearly all cases of general debility, wasting or atrophic affections, and in nearly all varieties of indigestion, maltine is a therapeutic auxiliary, the most valuable we have as yet encoun-

tered, and of which we can conscientiously say we do not tire, being daily more and more convinced of its advantages. With the long and very extensive practical experience we have had of its value, we would be at an infinite loss to replace it in our daily practice, now that our confidence in its real merits has been so fully established.

J. K. BAUDUY, M. D.

IMPORTANCE OF RECTAL EXAMINATIONS.—Rectal examinations are not so frequently made as they should be. Two or three cases which I have met with impressed this fact upon my mind. One of those cases was that of a lady who had recently been confined, and called me, supposing herself affected with piles. She stated that bunches came down, and that there had been some bleeding. I thought it best to examine before prescribing. Passing the finger into the rectum, I found a mass of fæces packed in there, completely filling the rectum and distending it to two or three times its normal size, and which it would be utterly impossible to expel *en masse*. I ordered the persistent use of injections until free evacuations occurred. In this way the mass was softened and dissolved; it passed off.

Another case was that of a patient who, some weeks previously, had been taken with typhoid fever, but who failed to get up from the bed after the fever had run its course. It was stated that the bowels moved only after using injections, and then only liquid fæces formed, attended with much pain. I made a rectal examination, and found the rectum packed full of fæces, distended to twice its natural size. Not only the rectum, but the colon also, in its entire length, seemed to be packed full. It required several days of persistent work with enemas before the mass could be removed, but finally it was accomplished, to the great relief of the patient.

Livermore Falls, Maine.

H. REYNOLDS, M. D.,

A STRANGE CASE.—I will give the history and symptoms of it; this case I have on my hands now: Mr. L. W., aged thirty; sanguine temperament; has been affected about five years. Had fair health up to Aug. 1st, 1886, then had hemorrhage of the stomach. Pulse about 90 to 95°; tongue red. At different times had pain in left side, extending sometimes to the right; pain in the left lung and

left shoulder, pain seating under the clavicle. At times, pain in the spinal column; cold and chilly at times. His voice would suddenly fail him, and he could not speak above a whisper; profuse perspiration at times; has hot flashes up the left side; every third day would turn spotted (purple spots), then changing to yellow. When lying down would have a purring sound in the throat; every third day, hands, face and stomach would bloat. At times his flesh would feel numb and have a tingling feeling; evolution in the stomach; bowels costive; kidneys normal. Aphrodisia feeling almost uncontrollable; every third day voracious appetite. I would be pleased to have more light on this case. What shall I do, and what is the matter?

B. T. LANDERS, M. D., Ava, Mo.

MOTHER'S MARK.—*Dr. Younkin*: Reading your article on "Mother's Mark," I concluded to give you the most remarkable case that ever came under my notice:

When a girl, one season we had cholera as an epidemic, and my father charged his slaves to exercise unusual self-denial in their diet. Knowing a command would be but little heeded by so epicurean a race, we never knew whether the advice was heeded or not, save in one instance. The housekeeper, a mulatto of unusual intelligence, gave birth to a fine little son, on whose yellow little back was the perfect picture of a good large green cucumber, which she laughingly said was evidence of obedience to her master, as she had a struggle to keep from eating them as she gathered them for pickles. I might add, having almost died previously for indulging in cabbage, the color impressed me as most wonderful.—MRS. J. T. B.

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SUBSTITUTE FOR IODOFORM.—The hospitals of this city are loud with the fumes of iodoform. Every old sore and every surgical operation are kept yellow with this drug. Vaginas are stuffed with it, and male chancres are powdered. Men, women and children that go to certain clinics are known by the smell. When they enter the street cars they are shunned, and people are seen holding their noses, or turning away, or sticking up their faces and looking sour. Why don't they use a substitute? *Iodol* is better and is destitute of smell. I am now using this agent in all such cases where I formerly used the iodoform.

EDITOR.

**SELECTIONS.**

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**LAPAROTOMY AS A DIAGNOSTIC RESOURCE.**

BY T. GAYLORD THOMAS, M. D.

We clip from the *Medical News* the following remarks, read before the New York County Medical Association. Emanating from such an author, and so full of sound reasoning on this important subject, we desire that our readers shall have the benefit.—EDITOR.

Throughout the domain of surgery, there is no field in which diagnosis is more surrounded with difficulties than that of abdominal neoplasms. This is due to three facts: first, the superposition of the intestines; second, the great thickness to which the abdominal walls commonly attain; and third, the accumulation of gases in the intestines, which increases all pre-existing difficulties of exploration. Previous to the time when antiseptic precautions rendered the opening of the peritoneum a safe and warrantable procedure, even when the case was not one of life and death, the diagnosis of abdominal tumors was allowed to rest upon deductions capable of being drawn from rational and physical methods, the latter of which were limited by the abdominal walls without and the pelvic roof within. To-day, surgeons devoting themselves to this department of our art fully agree as to the propriety of opening the abdominal walls for the purpose of exploring the viscera fully by touch, and, to a limited extent, by sight.

It appears to me that no more important era has of late years marked the advance of abdominal surgery than the general recognition of the fact that when doubt exists as to the diagnosis of abdominal neoplasms, or the significance of certain pathological conditions within the peritoneum, the question at issue should be settled by explorative incision. So fully am I individually convinced of the propriety of this practice, that, were I called upon to select a motto for the walls of a hospital devoted to abdominal surgery to-day, I should, without hesitation, select this one: "When a doubt as to the diagnosis of an abdominal neoplasm of serious character, or of certain obscure pathological conditions of the abdominal cavity which threaten life, exists, give the patient the benefit of explorative incision." And this mural legend should always stand before the

eyes of the doubtful diagnostician, that it might prove a constant reminder of a most important duty.

After an experience yielded by seven or eight hundred cases, approximately, of laparotomy for various causes, extending over a period of twenty-three years, I am very sure that I can say with entire truth that I have never once regretted opening the abdomen, and that I have in a dozen cases, at least, deeply regretted having failed to do so. It is in my mind certain that, in the future, explorative abdominal incision will become the rule in all cases of the following conditions which do not yield to medical means, and concerning the etiology of which there is great doubt: First, wounds and injuries of the abdominal viscera; second, intestinal obstructions; third, the presence of stones in the gall bladder or kidneys; fourth, the accumulation of blood, pus, or serous fluid from any cause; fifth, the existence of a neoplasm in any part of the abdomen; sixth, the occurrence of serious organic changes in certain of the viscera of the abdomen, such as the kidneys, the uterus, the Fallopian tubes, the ovaries, or the spleen; seventh, ectopic gestation.

It is a remarkable fact, and one which constantly excites the wonder of the uninitiated, how grave errors of diagnosis in reference to abdominal tumors are made by men of the largest experience, the maturest judgment, and a life-long devotion to the work of gynecology. The truth is, that all over the world errors in diagnosis in the field of abdominal tumors are, and probably will forever be, common, unavoidable, and, except in rare cases, entirely excusable. He who declares that he does not frequently err belongs to one of two classes: that of those who lack the intelligence to appreciate their shortcomings, or the courage to confess them, for it is only the good diagnostician who can afford to own to diagnostic errors; or to that of those who by *suppressio veri* or *suggestio falsi* are shortsighted enough to hope to deceive the community which watches their careers.

It is for the purpose of avoiding such errors that explorative incision is peculiarly valuable. It may be that there is doubt as to whether a neoplasm is a fluid tumor of the ovary or a solid one of the uterus; or whether an abdominal dropsy is due to incurable hepatic disease, or to some tumor no larger than an apple situated

deep down in the pelvis ; or as to the benign or malignant nature of some growth about which nothing positive can be settled. In such cases the results of opening the abdomen are most striking and gratifying ; they beam upon the existing obscurity as the rays of an electric light upon previous darkness ; and even although the result of the incision may serve to assure us merely that death will very soon close the scene, this certainty is better than the cruel uncertainty which previously existed, and the grief of relatives is assuaged by the feeling that "no stone has been left unturned" to procure a relief which science is powerless to bestow.

I know of no way in which I can better convey my views and give my experience upon this subject than by mentioning first some cases as examples of the class in which I have had to regret non-interference on my part, and then relating others in which more active measures have produced happier results.

CASE I.—About seventeen years ago I was called to Fordham by the late Dr. Wohlfarth, to see a strong, healthy young coachman, about twenty-five years of age, who had been suddenly seized with obstruction of the bowels, which had resisted all medical means, and which was, evidently, going to result fatally. The abdomen was immensely distended, and, except when under the influence of opium, the patient suffered great agony. The question of laparotomy was carefully canvassed, and, unfortunately, we decided not to perform it. The patient died, and, on a post-mortem examination, a loop of intestine was found constricted by a false membranous string, the result, probably, of some long-past peritonitis. This, as was apparent as soon as the abdomen was opened, was the sole cause of the obstruction, and could at once have been overcome by the snip of a pair of scissors. At that time laparotomy, had it failed, would have met with universal condemnation ; we probably lacked moral courage to meet the issue, and we let the poor fellow die, "hoping against hope" for a relief which became less likely to occur with every hour that elapsed.

CASE II.—About fifteen years ago, Prof. F. N. Otis asked me to see, with him, a woman who for years had suffered from a uterine fibroid. This had gone on growing until, when I saw the patient, it weighed forty pounds. It filled the whole abdomen, and pressed so much upon the viscera under the diaphragm that it was evident

that the patient would soon be exhausted unless the neoplasm was removed. The question of extirpation of the tumor was carefully considered, and the decision was left to me. At that time the operation was very rarely performed, and still more rarely was it successful. I decided against operation, and the patient died. Upon autopsy, a tumor weighing forty pounds was found, entirely unattached, in the peritoneal cavity, and connected with the uterus by a pedicle not larger than the ring and middle finger placed side by side! Removal would have been easy, and recovery would have been likely; but, influenced by the spirit of the times, which frowned upon the removal of large, solid tumors of the abdomen, the operation was not put at the patient's disposal. An explorative incision would have made the practicability of the operation quite evident.

CASE III.—In the early part of my experience as an ovariologist, a lady, suffering from a very large abdominal tumor, called upon me, with the statement that she had consulted the three most eminent operators living in this country at that time; that they had all agreed that her tumor was a solid one connected with the uterus, and had all advised against operation. Before deciding fully to abide by this advice, she had come to consult me. After a careful examination, I agreed to the opinions already expressed. The patient went home, and in about a year died. Upon post-mortem examination the neoplasm was found to be a multilocular ovarian tumor, entirely free from adhesions, with a small pedicle, which could have been removed with every prospect of success. The reasons for the obscurity of the diagnosis were the following: the tumor was composed of innumerable small cysts; the walls of these were thick, and the fluid within them colloid.

CASE IV.—During the early portion of my service as visiting physician to Bellevue Hospital, a strong and healthy young Irishman was brought into my service suffering from intestinal obstruction. This resisted all the means that could be resorted to except only laparotomy, and this, after careful consideration with some of my colleagues, was rejected. The man died, and upon post-mortem examination the following very curious condition of things was found to exist: the transverse colon, at its middle, was distended into a kind of a sac, which was filled with hardened fecal matter, held in an indissoluble mass by a quantity of hay, such as is fed to



horses, which penetrated it in every direction. It is certain that, upon abdominal section, this would have been readily discovered, and it is probable that, by a process of kneading, it could have been dislodged and pressed onward toward the rectum. I made every effort to find out what could have induced the man to swallow the hay; all that I could learn in explanation was that he was subject to periodical debauches, during which he did the most extraordinary things. His friends thought that during one of these, either upon a bet or from mere bravado, he had swallowed the hay, although they had no positive information about the matter.

CASE V.—I was called in great haste to see, in consultation with three other physicians, a nulliparous lady who, after having suffered from absence of the menstrual discharge for three months, was suddenly taken with severe abdominal pain, faintness and exhaustion. Physical examination, which could be practised only at great disadvantage, revealed the presence of an obscure, fluctuating mass in the pelvis. I was convinced that the case was one of extrauterine gestation, which had resulted in rupture of the foetal nidus and in hemorrhage, and I urged the propriety of explorative incision. My colleagues differed from me in diagnosis, and another physician was added to the consultation. At our final meeting the vote stood two in favor of laparotomy and three opposed to it. The patient died, and upon post-mortem examination a three months' foetus was found in the Fallopian tube, at its fimbriated extremity. The amniotic sac was unbroken, but a slight rent had occurred in the muscular covering of the sac, which had opened an artery of sufficient size to cause death by hemorrhage in the three days which elapsed between the inception of the accident and the fatal result.

I regret to say that I could more than double the number of cases illustrating this part of my paper, but I will not tax the patience of the Society by doing so. In my own defence, I will remind my hearers that almost all of this variety of my cases occurred fifteen or twenty years ago, and that this number of years, so rapid has been the recent advance of abdominal surgery, carries us back into the ancient history of the subject. Few such cases occur to me now, for the very reason that I am a strong advocate for explorative incision as a diagnostic resource.

Turning now to more pleasant recollections of my past expe-

rience, I will give a few cases illustrative of the brilliant results which commonly attend upon the practice of explorative incision as an aid to diagnosis. I ventured to number the unfortunate results which have occurred in my experience from a neglect of resource. Were I to record even a tithe of the cases in which life has been saved by a resort to it, my time and your patience would alike be exhausted.

CASE VI.—A patient was brought to me for abdominal dropsy, for which paracentesis had been repeatedly practised, and in whose pelvic cavity a solid tumor, the size of the adult head, could be distinctly felt. This was regarded as a large uterine fibroid, the presence of which had induced ascites, and the removal of which was regarded as entirely impracticable, on account of the weak and exhausted condition to which the patient had been reduced. I proposed explorative incision, agreeing with the relatives that I would be governed by the light which this shed upon the case as to my subsequent action. As soon as my hand passed into the abdomen, what before was obscure became perfectly plain. The abdominal fluid was not the result of ascites, but was ovarian fluid poured forth from a ruptured ovarian cyst, which, in its collapsed state, now occupied the pelvic cavity, giving rise to the belief that it was a fibroid. The operation for the removal of the sac was an exceedingly simple one, and the patient made a rapid recovery.

CASE VII.—An unmarried woman was sent to me by Dr. Woodward, of Brandon, Vermont, for almost complete amenorrhea, and such agonizing pains at the menstrual period that the most powerful anodyne medicines were inadequate for her relief. Upon vaginal examination, what appeared to be a uterine fibroid as large as a goose's egg could be felt on each side of the uterus and filling the iliac fossæ. The patient's family were told that a positive diagnosis was impossible without explorative incision, and this was made. Upon introducing my hand, the tumors were found to be due to excessive distension of the Fallopian tubes with blood, constituting perfect specimens of hemato-salpinx. The over-distension of these muscular canals gave rise to the sensation of solidity. Both tubes, with their corresponding ovaries, were removed, and the patient was entirely cured.

CASE VIII.—This case I record as illustrating the fact that cases of abdominal tumor are sometimes utterly beyond the realm of

diagnosis. Mrs. W., a woman of forty-five years, had been married fifteen years, but thought that she had never been pregnant. Early in married life she was supposed to be so, but she had never miscarried, and had never borne a child. She came to me with a cyst the size of the head of a child a year old, and a hard round tumor which I supposed to be a calcareously degenerated fibroid behind the uterus. In three months from the time when I first saw her she fell suddenly into an almost collapsed state, and suffered greatly from pain in the tumor, which nearly doubled in size in a day or two. Her condition became so desperate after this that I operated to give her the only chance for life which presented itself.

A large blood cyst was emptied, and from the distended pouch of Douglas I shelled out the skull of a foetus of probably six months of intrauterine life. She had suffered fifteen years before from abdominal pregnancy; the child had died, and all but the skull had disappeared by absorption.

The patient did well until the sutures were removed on the tenth day, when she developed cardiac thrombosis, and died of it. The sudden increase in the size of the tumor and the accompanying collapse were due to hemorrhage from the cyst wall.

CASE IX.—Some years ago I removed from a lady in Brooklyn two large ovarian sarcomas. She recovered and went to Oswego to live. About three months afterward she was taken with constipation, which soon ended in complete obstruction. The patient was thoroughly convinced that I had occluded the intestines by encircling them with a silver wire, and I went to Oswego to see her in consultation with her physician, Dr. Clark. She had not at that time had an alvine evacuation for a fortnight. I at once performed laparotomy, and found a considerable portion of the large intestine encircled by a malignant mass, probably sarcoma. The whole peritoneum was studded with the same. The wound was closed, and the patient died at the end of a month.

There is one class of cases in which in my hands explorative incision has yielded such brilliant results that, even with the fear of making my paper too long, I shall devote full consideration to it. I allude to cases of ascites in the female.

This condition is universally regarded, both by the medical profession and by the public, as a prognostic sign of the gravest sig-

nificance and most important bearing. This is true of the condition, whether it presents itself as an independent, isolated, and perhaps entirely solitary pathological state, or as one secondary to dropsy of the extremities, beginning in the face or in the feet. But it is to dropsy limited to the peritoneal cavity that my remarks in this connection will have reference.

It is a clinical fact which teachers might well impress upon the minds of students as an elementary axiom that there are three great sources of dropsy: first, dropsy due to disease of the heart, which first gives evidence of its existence by *oedema pedum*; second, dropsy due to disease of the kidneys, which first marks its access by *oedema* in the areolar tissue beneath the eyes; and third, dropsy due to organic disease of the liver, which causes accumulation of the watery elements of the blood within the peritoneal cavity. To all general rules in medicine, as elsewhere, there are exceptions, but there are few to this one; or at least I should say that my personal experience leads me to believe so.

The causes of ascites may be thus enumerated as to frequency of occurrence:

- 1st. Organic diseases of the liver.
- 2d. Chronic peritonitis.
- 3d. Tubercular peritonitis.
- 4th. Malarial splenæmia accompanying splenic enlargement.
- 5th. The existence of neoplasms within the peritoneal cavity.
- 6th. The prolonged existence of excessive fecal impaction.

All these conditions, except the last, will so readily be admitted as common factors of the great symptom of which we are speaking that no special allusion to them will be necessary. The last will not be admitted by those who have not had personal experience of it. I will merely say that I have had such experience, and that I am as perfectly convinced of the truth of my sixth proposition, as to etiology, as I am to that of the five which precede it.

Of these causes of ascites but one concerns us here, the existence of neoplasms within the peritoneal cavity. This class of cases will, as to its authenticity, be disputed by no one. We see it in rare instances active in all varieties of solid tumor of the uterus, and of fluid ones of the ovary. This is so well recognized as a fact, that it requires no further consideration at my hands, so far as the

general proposition is concerned. The special proposition which I would make in reference to it is this, that some cases of excessive ascites, which by repeated tapplings prove fatal, are due to insignificant uterine or ovarian tumors, which are too small for recognition, unless specially and carefully sought for, and the removal of which relieves the fluid accumulation which, by its exhausting influence, destroys life.

These tumors are sometimes no larger than small apples, and cannot be recognized except by the careful examination of an expert. In stout women, or even in those that are thin, after an accumulation of ascitic fluid, they cannot be discovered even by a master in diagnosis. And, as I have had sufficient evidence in my experience, in some cases, even when a tumor in the pelvis as large as a cocoanut coexists with ascites, no connection between the two pathological conditions as cause and effect are ordinarily traced by the medical attendant.

Should this be the case, should the existence of the neoplasm not be detected, or should its malign influence not be appreciated even when its presence has been diagnosticated, but two resources present themselves to the physician: First, to cause absorption of the effused fluid by pressing into action the three great emunctories of the body, the skin, the kidneys, and the alimentary canal; second, to remove the fluid by aspiration or by tapping. The first of these usually fails. If it does not fail, the cause of the symptom remaining after the symptom itself has been removed, frequently repeated resort has to be had to the plan, which in time impairs nutrition and exhausts the vital forces.

If tapping or aspiration is employed, "the beginning of the end" soon shows itself; the practitioner has early demonstrated the converse of the old Hippocratic maxim, "*causa sublata tollitur effectus*," and it becomes merely a question of time how long the system of the patient will bear the exhausting drain to which it is exposed.

I have met with a number of cases in which I have succeeded in completely curing aggravated cases of ascites, after tapping had been repeatedly resorted to, and after all hope of recovery had been given up.

I shall not weary the Society by a report of all these, for proof does not consist so much in a long array of cases as in the portrayal

of a few select and characteristic instances, which clearly point out the pathological conditions which have been assumed as factors, and give evidence of the restoration to health effected by their removal.

CASE X.—Mrs. C., of Durham, Conn., came to me about ten years ago suffering from ascites, for which she had been repeatedly tapped, and from which she was rapidly growing weaker, so that death at an early period seemed certain. After each tapping, a round hard tumor about as large as the head of a five-year-old child could be readily detected in the pelvis, and this could be obscurely felt even when the dropsical effusion existed.

I opened the abdomen as an explorative procedure, and finding a fibroid attached to the fundus uteri removed it. The patient is perfectly well to-day, the dropsy having immediately disappeared.

CASE XI.—Mrs. B., of Canada, came to me with ascites, which was accompanied by the presence of a solid tumor over one ovary as large as a cocoanut. She had been tapped once only. I removed a solid tumor of the left ovary, and she entirely recovered, and has remained free from dropsy for two years.

CASE XII.—About a year ago Dr. Hurlburth, Jr., of Stamford, Conn., sent me a patient suffering from ascites, in whom I could detect, by vaginal touch, what seemed to be a pelvic neoplasm. I made an explorative incision, found a tumor in Douglas's pouch no larger than an apple, which I removed, and the patient recovered from the operation and from the abdominal dropsy. The tumor, examined by Dr. Coe, Pathologist of the Woman's Hospital, was pronounced sarcoma. I have just received the following report of the case from Dr. Hurlburth: "Since the operation the patient has been perfectly comfortable, but now a hard tumor can be felt occupying the pelvic cavity, and ascites is gradually beginning again to demonstrate its existence."

It is highly probable that without removal of the malignant growth the case would long ago have ended fatally.

CASE XIII. was a counterpart of Case III., except that the post-uterine tumor was a benign fibroid, attached by a rather slender pedicle to the posterior wall of the uterus. The patient, who was an inmate of the Woman's Hospital, left that institution at the end of a month well; but since that time I have lost sight of her.

It is very difficult indeed, I may say impossible, to tell why in a certain small number of cases these tumors create ascites, while in other cases they may occupy the peritoneal cavity for years without causing any such trouble; but that such is the fact is beyond question.

CASE XIV.—I saw some years ago, with Dr. Emil Noeggerath, a lady who suffered from severe enteralgia, which was created by the presence of an ovarian cyst as large as an adult's head, which was so migratory in its nature that it could be pushed anywhere in the abdomen, from the pelvic roof to the diaphragm. As there was no urgency in the case, and as the patient and her friends dreaded surgical procedure to a morbid degree, we decided to avoid interference. Fourteen years passed, and I was again called in counsel by Dr. Noeggerath. The tumor was only about double the size which it had been fourteen years before, but its nomadic tendencies had created ascites, which was greatly distressing the patient, who now clamored for relief by surgery. I assisted Dr. Noeggerath in the removal of a monocyst with the longest pedicle that I ever saw in an ovarian tumor. The patient rapidly recovered, and has been ever since free from ascites.

It is rare to find even a monocystic ovarian tumor running so long a course; but I have removed one which had lasted for twenty-four years, another of sixteen, and another of nine years' duration.

In Dr. Noeggerath's case doubtless the extreme mobility of the cyst had a great deal to do with the resulting irritation of the peritoneum, and the development of dropsy. Such a complication of ovarian cysts is extremely rare.

This array of cases represents just about half of those that I have seen which serve to illustrate this point. It appears to me that resting for justification upon them, I may assume the position that in cases of ascites in the female, before the patient is relegated to the usual practice of repeated tapping, with its universally barren results as to cure, the most thorough investigation as to the possible existence of small neoplasms as important pathological factors should be made, and if signs of their existence be obtained, explorative incision should be practised as a "forlorn hope" that relief may be obtained. That brilliant results will often occur I do not maintain. But that they will do so with a frequency sufficiently

great to make it a duty to give the plan a claim to consideration, I positively assert from the experience which I here place on record.

There are but two points connected with explorative incision which I would mention before closing. The first is the singular, and to me inexplicable, fact, which I think every man of large experience will substantiate, that in certain cases of abdominal incision in which diagnosis only is practicable, and others in which removal of the tubes and ovaries proves to be impossible, great improvement sometimes results to the patient's general and local condition from the explorative effort alone.

The second point which I would mention is the necessity for certain rules which should be observed in the performance of this simple surgical procedure.

*Rules for Explorative Incision of the Abdomen.*—1st. Every explorative incision should be made under the strictest antiseptic precautions. As to strict cleanliness all are agreed. If antiseptics of chemical character are valueless, they at least, in all probability, do no harm; while the question as to their utility is "*sub judice*," give the patient "the benefit of the doubt," and employ them.

2d. Always employ an anæsthetic, lest the complaints of the patient should frustrate the investigation, or at least render it superficial and uncertain.

3d. Always make an incision which will admit the whole hand; one which will admit two fingers only is hardly warrantable. If possible, let but one man's hand be passed into the abdominal cavity; in a multitude of counsel there is, in these cases, danger. The brain which guides the hand should be competent for deciding the question at issue.

4th. Never hurry an explorative incision, but never prolong one unnecessarily. Let discussion as to diagnosis occur after the peritoneum is closed, not while it is open; and let the fact be appreciated that the clinical lecture, which is so common at this moment, is always a source of great danger.

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URETHAN.—A solid body, capable of producing sleep in five to fifteen grains. No carbonate alkali should be mixed with this. Best administered in capsules, or dissolved in peppermint water with a small quantity syrup tolu.



**MEDICAL ITEMS.**

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**ADONIDIN.**—The amorphous bitter principle of *adonis vernalis*, slightly soluble in ether and water but much more so in alcohol. Its effects are marked in increasing the amount of urine. It diminishes the heart beats and increases its strength. It rapidly raises vascular tension, the heart's action becoming stronger and more regular under its influence. It has no special action on nervous troubles of the heart. It has been used in cases where digitalis is indicated, and is said to be less dangerous. The dose is from five to eight grains.

**ANTIFEBRIN.**—Is a white crystalline powder possessing neither basic or acid properties and non-poisonous. It is odorless and colorless; insoluble in cold water, slightly soluble in boiling water, freely soluble in ether and alcohol, and possesses antipyretic properties. It is destined to supersede antipyrin and thallin. The dose is from four to sixteen grains.

**GELSEMIN.**—A powerful alkaloid from gelseminum sempervirens. employed in intermittents, typhoid, and yellow fever; also in convulsions and hyperæmias of the head, eyes and face, and in inflammatory conditions generally. Dose, 1-200th of a grain.

**CONVALARIN AND CONVALLAMARIN.**—Two glucosides from the lily of the valley. Convalarin acts as a purgative. Convallamarin resembles digitalin in its action on the heart, but in certain doses acts as an emetic. Dose, 1-100th grain.

**CANTHARIDIN.**—The active principle of Spanish flies, possesses all the properties of the insect in a most powerful degree. Because of its prompt action it is often preferred, as the flies are often uncertain in their effects. Dietrich estimates that one gramme of cantharidin is equal to two hundred grammes of cantharides.

**CONIIN HYDROBROMATE.**—Coniïn, from conium maculatum. It has been used in a variety of diseases. It is now used in spasmodic affections. The crystallizable salts—the hydrobromate—is a substitute for pure conium on account of its easier administration and uniform composition. Dose, 1-12th grain.

**CANNABIN TANNATE.**—This glucoside, combined with tannic acid, was introduced by Merck. It acts as a pleasant hypnotic, and is used in cases where morphia is objectionable. The dose is one centigramme.

**HYOSCIN.**—Dose, 1-200th to 1-48th grain. Professor Ladenburg has isolated from the *hyoscyamus niger* another alkaloid, which he has termed hyoscin. Its presence has long been suspected, owing to the difference in the physiological action between the crystallized and amorphous hyosciamin. Hyoscin is now used for the same purpose as atropia, but its action is more prompt and energetic, and the dose required proportionately smaller. It dilates the pupil of the eye in the same manner as atropia, but the results are more satisfactory. Merck recommends one-half per cent. solution for external application. Doctor Horatio Wood, after an elaborate series of experiments, physiologically and therapeutically, with this drug, recommends it very highly as a soporific in cases of intense nervous excitement and excessive cerebral action. In insane patients a 1-48th of grain always insures sleep. The same physician also recommends it in spermatorrhoea, giving a 1-75th grain every night. The hydrobromate is usually the one recommended.

**PAPAYOTIN AND SUCCUS PAPAYA.**—Succus papaya, concentrated juice from green fruit of carica papaya; soluble in water in proportion of one part to eight parts water. It is used undiluted as a solvent for croup membranes. Applied with a camel hair pencil every ten minutes, until every particle of the membrane is deposited and capable of being removed. Papayotin, the active principle of succus carica papaya, is also used in croup and diphtheria. Being more concentrated, its action is more prompt and certain, requiring but twenty-four hours to dissolve croup membranes. A five per cent. solution is employed. Dr. W. Keating Bauduy has used a five per cent. solution in several cases of diphtheria, and has succeeded in dissolving the membranes in from six to eight hours.

**SCOPARIN AND SPARTEIN.**—From broom tops. Scoparin in stellate crystals. Used as a diuretic in doses of three centigrammes, hypodermically. Spartein is a narcotic alkaloid, used as a substitute for digitalin in cardiac affections. It is also regarded as a diuretic. Given in doses of four centigrammes.

**PILOCARPIN.**—From jaborandi proper; the muriate most extensively used. A reliable diaphoretic, and used hypodermically in doses one-quarter grain; contracts the pupil and is an antidote for atropine poisoning, giving one-half grain, hypodermically, every fifteen minutes until five grains have been given. Under influence of an acid, changes to jaborin, which resembles atropine in physiological action.

**TEREBENE.**—A remedy for cough, in doses of five drops. It is also used successfully as an antiseptic.

**TERPIN HYDRATE.**—Is used as an expectorant, in doses from five to ten centigrammes. In doses from twenty to forty centigrammes it acts as a decided diuretic.

**POISONING FROM SORREL.**—A fatal case of poisoning is reported in *Hospital Gazette*, June 19, 1886. A boy five years of age ate a quantity of fresh sorrel, *rumex acetosa*, lin., and subsequently to quench the thirst drank of soapy water within his reach. The decomposition of the soap by the acid oxolate of the sorrel resulted in the production of a freely soluble salt by the absorption of which the fatal event was hastened.

**QUINSY.**—℞. Tinct. veratri viride, ℥ss.; potassi bicarb., ℥ss.; aqua, ℥ij. M. Sig. Teaspoonful every three hours.—*Med. Bulletin.*

**COUGHS.**—℞. Ammonia mur., bromide potas., aa. ℥ij.; vinum ipecac, ℥ij.; syr. yerba santa, syr. prunus virginia, aa. ℥jss. M. Sig. Teaspoonful every three hours.

**A CURE FOR WARTS.**—It is now fairly established, says a writer in the *Medical Press*, that the common wart, which is so unsightly and often so proliferous on the hands and face, can be easily removed by small doses of sulphate of magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three-grain doses of Epsom salts, morning and evening, were promptly cured. M. Aubert cites the case of a woman whose face was disfigured by these excrescences, and who was cured in a month by a drachm and a half of magnesia taken daily. Another medical man reports a case of very large warts which disappeared in a fortnight from the daily administration of ten grains of the salts.—*Northwestern Lancet.*

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E. YOUNKIN, M. D.,

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## EDITORIAL.

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### SPECIFICS IN MEDICINE.

What is a specific in medicine? Have we any drugs that can be appropriately styled specific medicines? If so, what are they?

I have been prompted to propound these questions from the reading of an editorial on this subject in the *Weekly Medical Review* of January the 8th. In the article to which I refer, the author says that "there is, perhaps, nothing which would more certainly justify clinical experiments and empirical practices in medicine than the hope of discovering *specifics*, in the generally understood meaning of the word. But," says he, "do such exist? Can we ever hope to arrive at such a point in the practice of medicine, when a disease

being present, the attendant applies a remedy with the certain knowledge that it will accomplish, beyond a chance, the object for which it was designed?" He further states, that "of the very few remedies which now lay claim to the title of specifics, probably *sulphur* in scabies and *mercury* in syphilis are the best known, and are the only ones whose claims to the name are based upon sufficient positive evidence."

We are sometimes not a little amused at seeing what confidence our "regular" brethren impose in the action of drugs, and, at the same time, their efforts to defeat the idea of specifics in medicines. The most diverting part in the above quotations is that sulphur is a specific in scabies and mercury is a specific in syphilis—these, the *only ones* whose claims to the name are based upon sufficient positive evidence.

Now, if sulphur is a specific for the itch, and mercury a specific in syphilis, it would seem that, by the same law of interpretation, corrosive sublimate is a specific for microbes and arsenic a specific for rats; and it requires but a little further stretch of imagination to believe that the prison-house is a specific for theft, and hemp a specific for suicidal and homicidal mania.

The writer of this peculiarly constructed article, in seeking to disprove the idea of specifics, gives an instance. He says: "A short time ago there appeared the report of an obstinate case of hiccough, which could not be checked until the physician, bethinking himself of the action of ergot upon involuntary muscular fibre, gave the patient a dose of the fluid extract, with the almost immediate disappearance of the trouble. A claim for its specific effect was of course immediately made. Shortly afterward a heading of an article was seen, claiming a specific for hiccough; thinking that as one specific had already been discovered, and that it would be too good a fortune to have at hand two specifics for an affection, the article was only glanced at to see the confirmation of the action of ergot in this trouble; but, strange to say, it happened to be chloral hydrate this time which had exerted its specific influence upon it. Attention being thus drawn to the matter, it was found that in the course of the next few weeks various articles appeared, each relating but a few cases, most of them only one of this affection, and every article having a different remedy for it, and each one claimed as a specific."

I have thus quoted extensively from this author, because it portrays the conceptions, not only of the writer, but of many others, on the subject of specifics in medicine. We believe that the writer does not understand the subject of specific medicines, and, hearing us through, he will be forced to admit, that aside from sulphur in itch and mercury in syphilis, we have other drugs as much entitled to the name as they.

If sulphur is a specific in scabies, it is because it kills the *acarus*, and thus removes the cause. Of its having this power, no one denies. As to mercury, it has been a specific in about every disease known to man, and yet it is a specific in none. Of all diseases it is the least of specifics in syphilis, for after the disease is suppressed by this drug, it is only rendered latent, and the individual is never well, either from the disease or of the medicine.

The source of a misconception on the question of specifics seems to lie in the fact that physicians are apt to look for unfailing remedies in diseases nosologically considered. The writer above mentioned, for example, looking for a specific in syphilis, thinks he has found it when he has not; and for a specific in hiccough—finding it not, he concludes there are none in this complaint. In this sense of the word, we are free to admit there are no specifics. In looking for specifics, we must not regard disease as a unit, and treat it by *name*. Even syphilis presents different symptoms, according to the age of the person and its stages, and it differs also in its intensity and the susceptibility to individual impression, thus showing clearly that its pathology differs accordingly. In these variations and complications, is it not absurd to say that mercury will meet all these conditions? If it meets one, it is more than my experience teaches. Take hiccough for example: Why did ergot in hiccough put a quietus on the one case and not on the other? Simply because hiccough is only a *name* of a disease that arises from manifold causes. It may arise by direct irritation of the phrenic nerve, or from disease of the central nervous system, or from injuries of the skull and cervical portion of the cord; by direct irritation of the respiratory centre, or by reflex action; from irritation of the stomach, intestinal and uterine disease; pericarditis, gangrene and a host of other sources. Would it not be absurd, then, to talk of ergot or any other drug as a specific in hiccough? But ergot might, nevertheless, be a specific in

one condition, chloral in another, nux in another, etc. Therefore we conclude that there are specifics, so far as our knowledge of causes and pathology go. Take a case of fever; name it lung fever, bilious fever, intermittent, remittent or typhoid. Would it not be absurd to say we have a specific for lung fever, for remittent fever or typhoid fever? Here is a case in point, and I can do no better than to give it in detail. A prescription for typhoid fever has been going the rounds purporting to come from F. Peyre Porcher, of Charleston, which is as follows: R. Potassium acetate, ʒj. to ʒij.; potassium chlorate, ʒj.; spirits nitrous ether, ʒss.; solution ammonium acetate, ʒj.; tincture aconite, ʒss.; camphorated tincture of opium, ʒij. to ʒiij.; water, q. s., ad. ʒiv. M. A dessert-spoonful to be taken every two or three hours, as long as there is fever. Potassium bromide or morphine may be added if there is great restlessness or want of sleep." A glance at this prescription shows that the days of shot-gun prescriptions, and polypharmacy, have not yet passed. What a variety! "To be taken as long as there is fever!!" Enough to last a thirty days' siege. We are not told that this is a "specific"; but from the impression made one would think it a *sure cure*. Which agent does the work? What are the indications for these remedies thus combined? *Typhoid fever*. Now I affirm that this theory of lumping symptoms into a *name*, then lumping medicines to meet the generic term, is a most dangerous one, and a most unscientific method of dealing with disease. There is nothing that so surely tells of a physician's incompetency as a shot-gun prescription.

The prescription may do well in some cases, and certainly some of its ingredients should touch the case; but they stand as evidences only of so many guesses at the case. Seven or eight drugs are seven or eight guesses, and then some are allowed to guess again.

But take now the case of fever. What have we? We mention one thing, we have a rise of temperature. Have we any drug that will lower it? Yes; veratrum, aconite, quinia and others. Then these are specifics. If, then, the pathological changes which take place in the human body are marked by certain symptoms, and if we have certain drugs which meet those *symptoms*, are they not specifics? I therefore maintain, that as our knowledge of pathology, symptomology, and knowledge in the action of drugs increases, the

number of ingredients entering into our prescriptions diminish. I am persuaded, therefore, to believe that we have more specifics than we have been willing to admit, and doctors are proverbial for believing, that what they do not know, others can not know, and there is no use in others trying. The writer of the article in the *Weekly Medical Review* thinks that "it would be well for the day when every disease having its specifics to be long delayed, for," says he, "some enterprising party would publish a tent-cent pamphlet with a list of diseases and their accompanying specifics, and then good-bye to medicine as a means of competency." This, indeed, would be deplorable were it not for the fact that specific medication requires a life-long study—a head full of knowledge, which but few doctors may ever hope to obtain. If the profession of medicine stands on a basis which more light would sink into oblivion, then let it go, and let physicians seek other means of competency.

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### **MEDICAL AND SURGICAL CHARITIES.**

Physicians, perhaps, do more charity work than any other class of individuals. Their opportunities are such that appeals to their generosity are made continually to give from their time, talents and money. Though often regarded hard-hearted, I believe they are generally humane and sympathetic, and but few turn a deaf ear to those appeals, while many deem it a pleasurable part of their duty to alleviate want and suffering without hope of compensation.

In all large cities these opportunities are in great abundance. St. Louis is not unlike other cities in this particular; it has its free clinics, dispensaries and hospitals.

Originally these institutions were founded upon the prime object of affording relief to the deserving and suffering poor. They were based on genuine charity, and the good accomplished was measured by the great amount of relief afforded. A discrimination was made between the actually deserving of such aid, and the dishonest miser who sought to obtain a gratuitous treatment. Indeed, people then, who could pay for professional services, felt too proud and independent to be caught at these places, receiving for nothing that for which they could just as well pay.

In recent times, matters in these regards have materially changed. The original objects of these institutions have been grossly perverted.



Clinics, dispensaries and hospitals are more numerous, but their glory has departed; charity has given up to gain, and they are erected for self-glorification. The proprietors of these institutions now have other objects before them than that of charity, and in their eagerness for notoriety and for clinical majority the aristocratic, in fine carriages, drive to the doors of these places to obtain free medical and surgical treatment, while the physician within—one of the stricter sect, down on advertising—carries the peaceful air of self-gratification. Many of these places are now erected solely to gain practice and reputation by men, too, who have money—minus brains, who rain *their blessings* on the just and unjust until it is known that two-thirds of the patients thus treated are able to pay for what they might better receive; thus cheating the surrounding druggists and the worthy young graduate of medicine out of their living.

This picture is not overdrawn; the writer knows whereof he affirms. Hundreds of people in this city with plenty, having homes of their own and money at interest, are taken to these places and treated, as if by charity, though for other gain.

Our city institutions are not entirely exempt from these criticisms. Once we had a city dispensary where medicines were furnished the deserving poor—where any physician in good standing, by giving his services, writing his prescription and sending in the proper form to this dispensary, the unfortunate could have it filled and remain at home if he so desired. Times in this particular have changed; the doctor's prescription is not thus honored, and the sick must either do without, or put the city to greater expense by going to the hospital. Occasionally, and especially in some infectious disease, either some young and inexperienced doctor, or one wholly unskilled in medicine, may visit the private residence to fumigate or to advise the patient to be placed in other hands.

Selfish gratification, medical sectarianism, and the political air, all play their role in that which once was of pure charity—so much so that the present system is continued for individual gain; ends in hypocrisy and self-glorification; besmirches the fair fame of charity; lowers the professional standard; fosters medical pauperism; defrauds the younger practitioners, and makes these institutions a hissing and a by-word.

We have been willing at all times to lend a helping hand to the suffering poor, both from city and country, and of this we have our share; but those who are better able to pay for services than we are to lose them, we generally require them to do so.

### SPLITTING THE CERVIX.

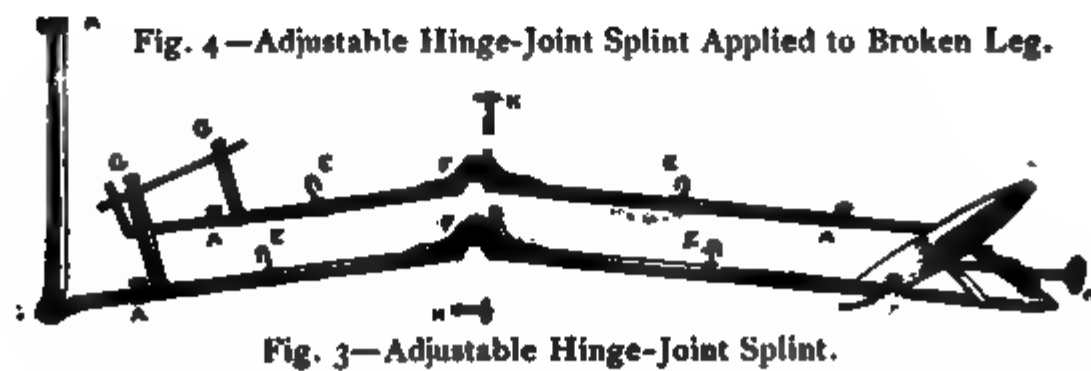
*The Medical News* says, that "dividing the cervix at the external, or at the internal os, or in the intervening portion, though not long since a comparatively frequent operation for dysmenorrhea or sterility, is now very rarely done. Most operators now turn to dilators for the treatment of cases where incision was formerly done; one wing of the army of gynecologists still fights under the same banner of mechanical uterine pathology, only in place of hysterotomes, its enthusiastic soldiers use dilators. Possibly it is only a question of time when many of the dilators will be placed in the grave beside the hysterotomes, if the teaching of men like Duncan, Schultze, and Williams prevails, and the mechanical theory of uterine disease is cast aside.

"However this may be, we have been somewhat astonished to know of the mortality which Sims had from this operation. Paget states, in a recent lecture, that he knew of at least four deaths of women upon whom Sims had performed his operation of division of the cervix, and he believes that other similar accidents happened to him. In the light of these facts, the profession is to be congratulated upon the fact that the operation has fallen into disuse."

I do not believe that many cases are benefitted by this operation. A case, to my knowledge, where Dr. Thomas performed this operation a couple of years ago, the lady has been in increased nervous irritability ever since. One in my practice, where splitting the cervix had been advised, is now free from all bad symptoms through a few paintings with the saturated ethereal solution of iodine, carbolic acid, and sal cyclic acid, and wearing a Babcock supporter for a time. Another which gave me some trouble for a time—the external os was badly torn, yet unable to enter the uterus—finding a contraction of the internal os, the woman was relieved by dilatation and the wearing of an abdominal bandage.

# YOUNKIN'S UNIVERSAL HINGE SPLINTS.

SEE EXPLANATION ON PAGE 137.



## YOUNKIN'S UNIVERSAL HINGE SPLINTS.

This set of splints, represented on the opposite page, has been in use for about eight years. Improvements have been made from time to time, and is now claimed by the author to be the most perfect, the most comfortable, and secures better ends in fractures than any other splint extant.

It is very compact, nickel-plated, put up in a walnut hand case fifteen inches long, nine inches wide, and seven inches in height, and, when applied, can be so adjusted as to fit a limb of any size. Price, full set complete, \$75.00. The author has had, specially in view, perfect immobilization, comfort to the patient, and a restoration of the natural action of joints where the fracture might otherwise interfere with the joint function.

Passive motion of joints may be made when required, movement made without removing dressings, general superintenance in compound fractures, besides allowing the patient greater opportunity to change position for his own comfort. The hinges are so made as to be taken from the leg-bars and applied to wood, tin, book-binders board, or sole-leather for the arms or legs, thus allowing the surgeon the liberty of manufacturing from such material better splints than he could otherwise make or buy.

This splint also admits of the use of plaster-of-Paris so highly prized by many, and the improvement in this consists in making a passive motion joint that could not otherwise be had by simple plaster dressing. Plaster-of-Paris may be used also in making a floor in the leg apparatus, thus moulding to the form of the leg and keeping it steady and at the same time affording a ready means of inspection.

No. 1 is a *lateral hinge*, to be used on the side of the elbow joint, and it is the same that is applied at the hip, on the leg-bar. This hinge may be allowed to roll at the will of the patient, or it may be locked so as to hold it fast, beyond the control of the patient.

No. 2 is an *antero-posterior hinge*, to be used on the elbow splint, either behind or in front of the joint, and is the same as at the knee on the leg-bar. This joint is turned with a key and may be turned to any angle, thus giving any degree of flexion to the leg or arm. It is also of great use in breaking down adhesions of joints and to prevent ankylosis.

Fig. 3 is the leg-splint, with its joints, hooks and foot-piece shown. The means of lengthening and shortening may also be seen at A.'s, widening at G.'s. Four hinges are represented, one at the hip, two at the knee, and one at the ankle behind the foot-board. The apparatus can be changed in a moment for either leg.

Fig. 4 represents the splint as applied to a broken leg.

We challenge the world to give us a neater instrument, better adjustment, more comfort, and any better results than what we can obtain by this apparatus.

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### NOTES AND PERSONALS.

**PAYING FOR FUN.**—A party of young men in Atlanta, Georgia, decided one night to have a little fun at the expense of the Atlanta doctors. Thereupon, they telephoned a number of them to call at one of the hotels to see a very sick man. The night was very cold, but each physician responded at once. They all reached the hotel about the same time. The clerk was surprised; said there was no one sick there. An investigation revealed the little job put up by the smart young men, and they were asked to pay to each doctor to the tune of five dollars, or complaint would be lodged against them at the police head-quarters. They paid the money, amounting to \$40, and are now poorer but wiser.

**A MAID NOT TO BE STUMPED BY A LEG.**—The *Pharmaceutical Record* says, that the young men attending the Harvard Medical School have a prejudice against the female students, one of whom is Miss Annie Copeland, of Bridgewater. They called her to attend a case of fracture of the leg. The patient was a man 50 years old, and when the lady exposed the damaged member she found it to be a broken wooden-leg. She sent for a hammer and nails, made substantial repairs, and charged \$25, the collection of which she enforced by the aid of a constable.

THE New York *Medical Monthly* says: "If country practice becomes lifeless, it is because physicians in the smaller towns fail to avail themselves of the invigorating nectar of mutual support and counsel. This is best accomplished by keeping up fraternal feeling through the agency of the County Society." This is good sound

doctrine, and we only wish every country doctor would take it to heart. Their County Society every one ought to attend, every one take part, and every one help to bring in recruits, and do all in his power to increase its usefulness and strengthen its hands.

A NEWSPAPER in Illinois recently brought suit against forty-three men who would not pay their subscriptions, and obtained judgment in each for the full amount of the claim. Of these, twenty-eight men made affidavit that they owned no more property than the law allowed them, thus preventing attachments. Then they, under the decision of the Supreme Court, were arrested for petty larceny, and bound over in the sum of \$300 each. All but six gave bonds, while six went to jail. The postal law makes it larceny to take a newspaper and refuse to pay for it. .

It was wisely and truly said by Prof. S. T. Clarke, of Buffalo, on a recent occasion, "that the true place which you and I, as doctors, must find at last, is the niche to which the profession assigns us."

WE read in the New York *Herald* that "a hornet's nest which has been deserted by the hornets, bound on the throat with a piece of flannel, will cure the most malignant sore throat." If that is so, what effect would a few hornet stings have?

A DOCTOR of Glen Falls, N. Y., has discovered that the venom of a rattlesnake is a specific for the cure of lockjaw, having used and proven it in his practice. The *Medical Summary* wants to know what will cure the cure? In my country they use whiskey.

THE New York Pharmacal Association, of Yonkers, N. Y., manufacturers of the well-known lactopeptine, have issued an interesting annual, which will be sent to any physician on application.

WHEN Eclectic physicians many years ago became convinced of the superiority of Specific Medicines, other sects opposed both the remedies and the manufacturers of them. Now that it is demonstrated that these remedies are the standard representatives of the most important plants, we should not forget to give the credit to the manufacturers who persisted in working for their perfection. The continued endeavors of Lloyd Brothers, of Cincinnati, has been

crowned by success, and they deserve our encomiums. It they had been content to push cheap, profitable drugs, they would perhaps have made more money, but could not have attained the high reputation that they now enjoy.

“AN epitome of the newer materia medica,” published by Parke, Davis & Co., Detroit, 8vo, pp. 76, sent free on application. Contains a full description and dose list of drugs and preparations made by the above firm.

OBSERVATIONS ON ERYTHROXYLON COCA.—*By Prof. M. Odin, M. D.*—“Madame de G., 25 years of age, married, no children, average constitution, lymphatic temperament, sent for me Feb. 2, 1884. I was struck at first sight with her pallor; her skin and the mucous membrane of her eyelids and lips were quite colorless.

“This young woman complained of weakness and general atony, cephalalgia, dizziness, vertigo, tendency to lipothymia, and generally depressing influences. There was gastralgia, with alternate constipation and diarrhoea. Menstruation was irregular, and an abundant leucorrhœa was accompanied with gastralgic exacerbation. Her pulse was weak and depressible; there was a blowing sound with the first heart-beat; very accentuated in the carotids. On auscultation I found weak respiratory murmurs, much prolonged expiration; dry and jerking cough. There was insomnia, and a tendency to night sweats. Everything had been tried—tonics of all sorts, arsenic, iron, quinquina could not be borne; hydro-therapeutics had given no results.

“I prescribed Vin Mariani Erythroxyton Coca, from which I had had much satisfaction on several previous occasions, but which I had never used alone. Want of appetite being one of the chief symptoms, and this keeping her general condition at a low ebb, I gave her a few doses of rhubarb, which, however, modified the situation but little. From that time I prescribed the Vin Mariani in doses of a claret glassful, morning and evening, a quarter of an hour before meals. At the first doses the patient complained of increased dizziness. I assured her that this was a salutary and even necessary first effect of the medicine, and she consented, not without reluctance, to continue the use of the wine. At the end of eight days there was a notable amelioration. Appetite appeared,

food was taken, and the digestive functions were becoming more regular, day by day. I then advised the patient to increase the dose of Vin Mariani by two more glasses per day, either after meals or between, whenever she had to undergo some exceptional fatigue.

"Madame de G. has since then resumed her daily occupation, and tells me that she can bear, without fatigue, long conversations, and, at the same time, her vocal powers have acquired ampler development. At the end of a month's treatment her state was most satisfactory; there remained a slight blowing with the first heart-sound, which, however, was disappearing, and was not at all perceptible in the carotids any more.

"This observation seemed to me very interesting and conclusive in this respect, viz.: that it shows the action of the Vin Mariani, when administered without any other medicament; and, what is no less interesting, it shows its useful effects upon the vocal organs—a fact first determined by the eminent specialist, Prof. Chas. Fauvel, who has given to it the name of 'Tensor of the Vocal Cords.'"—*Gazette de Therap.*

ANOMALIES OF MENSTRUATION.—From an article in the *American Journal of Obstetrics*, by W. M. McLaury, we extract the following:

Female menstruation varies with race and climate. Women in the temperate zones usually begin menstruation at fourteen years of age and cease at forty-five; in tropical climates girls have been mothers at eight years, and not unfrequently at ten and twelve years of age. In 1858, in Taunton, Mass., there was a girl who became a mother at eleven years of age.

Barnum's baby-woman menstruated at three years of age. A woman in Saratoga County, New York, was a grandmother at twenty-eight years. An old journal describes a child that menstruated when one year old and became pregnant at nine and one-fourth years; at ten years she was delivered of a female child weighing 7½ pounds.

Sir Astley Cooper cites a case of a child that menstruated at four years and another at three and one-half years.

The menopause usually occurs at from forty-two to forty-six; but cases are numerous where the menses continued to fifty-five, and even sixty-five, in rare instances. A woman in Batavia, N. Y., gave



birth to a healthy male child at sixty-four years of age. Madam de Stael menstruated till the age of sixty. Richerand mentions a case at seventy years.

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### BOOK NOTICES.

#### DISEASES OF THE LUNGS AND PLEURÆ, INCLUDING CONSUMPTION.

By R. Douglas Powell, M. D., Lond., F. R. C. P.; Physician to the Middlesex Hospital and to the Hospital for Consumption and Diseases of the Chest, at Brompton; late Assistant Physician and Lecturer on Materia Medica at the Charing Cross Hospital. Third edition, rewritten and enlarged, with illustrations, including two lithographic plates; being Vol. XI. of Wood's Library for 1886 (12 vols. in set, price \$15.00). New York: William Wood & Company.

This work has been reconsidered, and for the most part rewritten; and new chapters have been added on the Physical Examination of the Chest; on Asthma; on the Etiology of Phthisis; on the Complications of Phthisis; on the Surgical Treatment of Pulmonary Cavities; on Hydatid of the Lungs, and on Mediastinal Tumors. The prophylaxis and treatment of Consumption has been dealt with in chapters apart from those in which the varieties of the disease are described.

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DISEASES OF THE BLOOD AND NUTRITION, AND INFECTIOUS DISEASES; being Vol. IV. of "A Handbook of Practical Medicine," by Dr. Hermann Eichhorst, and Vol. XII. of Wood's Library for 1886 (completing the set, price of set \$15.00), Illustrated. New York: William Wood & Company.

In this volume the practitioner will find much to interest him in diseases of the blood, spleen tuberculoses, syphilis, diphtheria, and the different infectious diseases. The work has been prepared with care. The name of the author is a sufficient guarantee of its practical worth.

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STERILITY. MANAGEMENT OF THE SECUNDINES. By Wm. H. Wathen, M. D., Professor of Obstetrics and Diseases of Women and Children in the Kentucky School of Medicine, etc.

ON CERTAIN MOOTED POINTS IN GYNÆCOLOGY. By T. Addis Emmet, M. D.

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A TREATISE ON SIMPLE AND COMPOUND OPHTHALMIC LENSES; THEIR REFRACTION AND DIOPTRIC FORMULA. Including Tables of Crossed Cylinders and their Sphero-cylindrical Equivalents. By Charles F. Prentice, N. Y. Over 40 pages; bound in cloth, well written, and on good paper. Price \$1.50.

This book is to be construed as a "Companion Text to the Oculist's Trial Set," being a key to the lenticular combination resulting from the subjective diagnosis of visual anomalies—by giving the rules applicable to the conversion of one form of compound lens into the other, its "as-symmetrically refracting equivalent."

As opticians are called upon to make such lenses, in compliance with the oculist's instructions, it is obvious that the book is of equal interest to both. The demand for a work of this kind is limited to but few specialists.

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ON LISTERINE. By Lambert Pharmacal Co. This is a brochure of 31 pages, neatly executed and systematically arranged, giving the opinions of Dentists and Physicians on Listerine, with instructions how to use it, etc. Sent free to any physician on application to 116 Olive Street, St. Louis, Mo.

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A SUCCESSFUL CASE OF GASTROTOMY, WITH CRITICAL REMARKS. By Augustus C. Bernays, A. M., M. D., M. R. C. S., F. R. M. S., etc. Reprint from *Medical Brief*.

*The Medical Advance* says of this: "Perhaps as pompous and bombastic an article as has recently come under our shears was a narration, in the *Medical Brief*, of a case of gastrotomy, where 'I' removed a case-knife (photographed and engraved in veri-similitude, and occupying a full page, criss-cross) from the stomach of a 'smart aleck' in St. Louis, on November 17th, 1886. This playful party being somewhat exhilarated \* \* \* intended to close his entertainment by his *chef d'œuvre* of sword swallowing. He intended to make the knife disappear in his throat, and then pull it out with his fingers. After considerable more dramatic description, the knife escapes the control of the exhilarated performer, and mingles with beer, sausage, krout and other things, savory and unsavory below ;

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and thereby entails the necessity for a page of minute recital of how 'I' thought, said and did. \* \* \* Well, we had no more than finished supping, full with horror on what 'I' did with his knife, when, to our surprise, in the very next exchange examined we found the *fork*. Singular coincidence that, wasn't it?" What became of the table dishes we are not told, but we may hear of the rest of the cutlery in the next advertisement.

"*Morale*.—Most all foxes have tails longer than their bodies."

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### JOURNAL BUSINESS.

We call special attention to the improvement made in the quality of paper in this Journal. The paper in the body of reading matter is *heavier* and therefore better, and we give our advertisers the benefit of that we formerly used in the body, thus making that department appear much better. This adds to our expense, but we are not satisfied without it.

We are willing to work hard and give our time and talents to improve and embellish the AMERICAN MEDICAL JOURNAL, and these things we shall do as fast as time, talents and money will permit, but we want the "old score" settled up. For back years a *payment*, *promise*, or *explanation* will be satisfactory. We have sent out statement of account to all our delinquents to test the question who are our friends and who are going to respond to *roll call*, believing that what our friends don't do for us our enemies never will. To this we say that response has been done most nobly, so far—rather surprisingly, and though our *scalpel* will, perhaps, be used before next issue, we are gratified to announce that the *cut* will not be deep and is not going to hurt much.

We must be excused for talking so much business right at the beginning of our editorial career; we do not expect to refer to it again this year. The duty devolves upon us, and we are here to discharge it. The man who thinks a good medical journal can be run without money let him try to feed himself on wind.

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### Physicians' Locations.

There is room for six or eight well-qualified Physicians in St. Louis. They must be well-educated graduates. We shall take the trouble to assist any such persons in situating themselves in the right part of the city. Call on or write to the Editor of this Journal.

# THE AMERICAN MEDICAL JOURNAL.

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## *ORIGINAL COMMUNICATIONS.*

### **ABSCESS OF THE LIVER.**

BY S. W. MORELAND, M. D.

I was called to see James Cooper the first of last January. He was a farmer, about fifty years old. He had been suffering from some obscure disease since last August, but had had no medical attention. I learned that he was troubled with chills, diarrhea and sleeplessness in the beginning. When I saw him, his appetite was variable, skin of a jaundiced hue, tongue dry, pulse moderately full and about sixty to the minute, temperature normal, but little appetite, could not sleep well at night, and was very despondent; bowels at this time moved usually every twenty-four hours, and he was troubled with a dry cough. There was no local pain; in fact, he expressed himself as being all right, except that he was very weak. Disease of the liver at once suggested itself to me; but the exact nature of the disease was not so easy to determine. But after a careful study of the case, I was convinced that it was highly probable an abscess had formed in the liver. I declared my conviction to the patient and friends, and asked their consent to an operation. This they readily gave; and the morning of Feb. 3rd, after chloroforming the patient, I introduced the aspirating needle to the depth of two and a half inches, and drew off sixteen ounces of bloody pus; this cleared away all doubt as to the diagnosis. I confidently expected my patient to get better. He did seem to improve for a

few days; became cheerful, appetite returned, slept better and began to look forward with hope. But a change came; again was he plunged into the depths of despondency; again he tossed upon a sleepless bed. I saw he was daily losing ground, and determined to operate again. This I did, Feb. 11th, only eight days after first operation; this time I drew off two ounces of pus, the same in character as the first. He never rallied after this operation, but continued to lose ground every hour. Feb. 14th his mind began to wander; he showed no interest in his surroundings; this continued till about noon Feb. 15th, when he died.

Now, what was the exact cause of death in his case? I was led to believe, from the experience of others, that there is no danger attending the operation. It seems to me that the powers of life were so far exhausted, before the operation, that recovery was impossible; disease had exhausted the recuperative powers. I gave him, after the operation, maltine and cod-liver oil, and moderate quantities of sherry wine. Any comments from my medical brethren will be kindly received.

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## INOCULATION FROM GLANDERS.

BY W. W. BROOKS, M. D.

I was called, May 3d, 1886, to see Andy McMichaels, living two or three miles in the country. Found him suffering from moderately high fever; tongue coated white, slightly tinged with brown, tip and edges red; breath fetid; bowels constipated; urine scant and high-colored; skin dry and harsh; an ulcer, about the size of a twenty-five cent piece, just in front of the styloid process of the ulna of the right arm; had been sore ten to fourteen days. Ulcer was red and fiery around the edges, depressed in center, edges slightly undermined, and attended with a slight ichorous discharge. Muscles sore and stiff; headache severe; slight muscular twitchings, but was able to control them. Morning, pulse 110, temperature 103° F.; evening, pulse 120, temperature 105 to 106, and muscular tremors worse and not able to control them. He could not breathe; seemed as though there was a band around the chest.

The second day: Pulse 115, temperature 108½; evening, pulse 130, temperature 106½. Tongue red at the tip and edges, with a brownish white coat, and slightly cracked down the center. The

breath very fetid; mucus membrane of the mouth, nose and throat dry, dark and purplish red. Muscular tremors still increasing in frequency and duration.

By the seventh or eighth day dark purplish spots appeared on different parts of the body, especially on the limbs; he would complain of them for a few hours. The spots were from the size of a twenty-five cent piece to a dollar. Muscular pains still continue. Appetite very poor. The ulcer on the wrist in about the same condition as when first seen. Such is the case as it lasted for fourteen days, when death put an end to his sufferings.

*History.*—In April, 1886, he bought a horse which was supposed to have the distemper; he was treating it with washes and injections, when he scratched his wrist. About eight or ten days after scratching his wrist, he began to feel badly; would get tired on slight exertion. Then followed slight chills, with fever, which kept increasing until he was obliged to go to bed. (Both horses died of glanders )

My diagnosis was glanders, by inoculation. The treatment did not do any good. I gave quinia, in large doses, morphia, chloral and bromidia, to give rest; I gave also phytolacca, for glandular troubles; Baptisia and sodæ salicylate, for septic conditions of the blood; with nourishing diet and all the stimulants he could bear.

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## ON SOME ELEMENTARY PRINCIPLES IN MEDICINE AND SURGERY.\*

BY J. H. MURRAY.

I will offer for your consideration to-night a very broad subject, hoping to draw out ideas from others that will benefit all. I will talk to you for a few minutes on *irritation, stimulation and inflammation*.

You will observe that this covers much ground, and is three subjects rather than one; either of which might furnish thought for a long article, or a volume.

It will not be my purpose, in this article, to delve deeper than others have done; I have made no new investigations—no special observations. I have only hastily compiled a few thoughts on the questions, mainly, because I find, not only the common physician

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\*Read before the E. M. Society, St. Louis.

and surgeon, but the leading lights in the profession as well, materially differing on the meaning of the terms, for terms they are in the abstract, not conditions.

I am aware of the fact, that you all know what the terms mean, yet, perhaps, very few understand them just alike. I hardly expect all to agree with me, and I do not give my opinion as worth more than your own. But an exchange of thought will do no harm; my opinions are always subject to change by convincing evidence, future thought and investigation.

But one may say: "O! What difference does it make, whether you think inflammation a physiological or pathological condition, so long as the physician or surgeon is cognizant of the true condition, whatever the name may be?" Well, perhaps it makes no difference if he recognizes and treats properly the condition. But, as you understand the condition to be favorable to a restoration of health, or to tend to the destruction of a part, so are you likely to base your treatment. So, gentlemen, you will remember that health and even life may depend upon your diagnosis and treatment.

Then, when we read or write of these conditions in books or journals, it is important that we know just what is meant every time we use the terms.

This is the only way we can truly ground our knowledge. Without understanding this, we would always be groping in the dark, and, by tenaciously clinging to false ideas, fall into incurable dogmatism.

Billroth says: "This, in the country physician, is called 'narrow-mindedness;' in the eminent city physician, 'infallibility;' in either case, all thought of appreciating or advancing the progress of society or science is denounced."

Now, let us see: *Irritability* is that power possessed by all living organized bodies of being acted upon by certain stimuli, and of moving responsive to such stimuli. It is a vital principle. Such is irritability, and without it life could not continue. Then whatever acts as an irritant, acts upon this *principle*, for disassociated from irritability, there can be no irritant. For instance, a mustard plaster is an irritant when placed upon a part having irritability, but if it be applied to a stone it is not an irritant. Hence, I define irritation as being vital movement in a living organized body.

This proposition needs no explanation. All will agree that the blood would cease to circulate, breathing would stop, we could not move a single muscle without irritation.

Then, I would not speak of irritation as being always pathological. This need not discourage anyone. The most palatable and nutritious food, when taken into the stomach, acts as an irritant. It excites the stomach to action, gastric juice is poured out, further on it is mixed with the pancreatic juice and bile. The secretion of all these is directly influenced by the presence of the food. This holds good through all the processes of digestion, absorption, assimilation and nutrition.

You may also, if you please, picture to your minds a case in which the same food would not be well received. In this case it might excite nausea and be ejected. In this case it would also be an irritant, but acting in quite a different manner from the former case.

But, you say, Dunglinson defines irritation to be the state of an organ or tissue in which there is excess of vital movement, commonly manifested by increase of the circulation and sensibility.

What if he does? I respect Dr. Dunglinson as a scholar; his dictionary is a standard, but standard does not imply infallibility. If men go not beyond books, then progress has ceased. This is an iconoclastic age. Men of to-day are breaking down the errors of the past; and, gentlemen, I would have you understand that this does not imply any disrespect to the memory of those who have labored so hard and long in the field of science. They have brought the present generation to its present height—each age adding something to the preceding. It is your duty to go on. Let no man fold his arms and stop. Let him go on if he can. Had not men dared to go ahead, the practice of medicine and surgery would stand to-day where it did when the head was greased for colic, and ashes of burnt hair mixed with hog's lard was applied for the relief or cure of luxated joints.

Let us see further. The definition I have given you, does not exclude the one I quoted. I have defined it, vital movement in a living organized body. This is absolutely necessary for the continuation of life; and when it is at that degree most compatible with health, it is *physiological*. If far above or below this standard, it is *pathological*; just as a certain temperature is conducive to comfort and



health, but if the temperature of the body be long continued a little below or a few degrees above this standard, death ensues and ends the scene.

I have said enough on this point, I hope, to make my meaning clear, except you would ask: "How are you going to distinguish between irritation where you find it above or below normal?" Just describe it as you find it. If it is above normal, say, there is excess; if below, deficiency; or other terms to express the meaning. Only remember that an irritant excites irritation in an object possessing irritability, a degree of it is absolutely necessary, and that there may be excess or deficiency.

Now, let us see what have we to say about *stimulation*. I will be very brief. We find the word used to express different conditions. It is used to express an increase of vital power, to express an exaltation of vital action. I prefer to use it, only as bringing a part up to the normal—a part in which the evidences of life are impaired. For when a part is, as is said, over-stimulated, it seems to me to be at the expense of the other parts, and the aggregate of the powers of life lessened. At least, as a therapeutic measure, this seems to be its field of usefulness.

Now comes the hardest of all, *inflammation*. The surgeon writes of it, says it is absolutely necessary for the repair of wounds; physicians write of it, talk of it, dream of it, dread it, and tell you it is always undesirable. Physiologists carefully take it up, as carefully dismiss it, and refer you to the pathologist, and pathologists are not agreed.

I have looked at the question from different points. I have viewed it from a surgical as well as therapeutic standpoint, and conclude that each has some good reason for his particular opinion. The trouble seems to be, not so much in the real condition, as in what is meant when the term is applied. It seems to me there would have been less confusion had there been another term used or a qualifying adjective added to express the condition where the effusion is the desirable feature.

I will not quote the long array of definitions, in which long chapters have been written to explain the meaning as each writer understood it. You may read them. They are numerous and instructive; but, I believe, all agree that the cardinal symptoms are pain, redness, increased heat and swelling.

And now, excluding effusion, it seems to me you exclude every physiological symptom in the list. We could not reckon pain, redness, heat or swelling as desirable or physiological.

It is true, inflammation may be an effort to expel something from the system which is deleterious to health. So also we might say of a cough, which is an involuntary effort to free the lungs or air passages. So of sneezing, it indicates an undue irritation of the nose. Swallow a large dose of mustard, or zinci sulphas, emesis is produced, an involuntary effort to free the stomach. So might we speak of a diarrhoea or dysentery; all are, perhaps, efforts to expel something offensive to the system. They are all spoken of as diseases. I think they are as much so as inflammation, and no more. Nature does not always seem to know when the source of the irritation is expelled, and these efforts may go on to the annoyance of the patient; even life may be sacrificed. Hence, the advisability of the application or use of remedies to stop a cough, vomiting, etc., etc.

I will confine myself to inflammation with the above characteristics. There is a condition, sometimes seen in low states of the constitution and broken down systems, called *inflammatio debilis*; you will notice it has not the cardinal symptoms of a common inflammation. You will find it described in your books.

Let us go back for a moment to *effusion*, a prominent symptom of a true inflammation. It is this symptom that has caused the surgeon to look upon inflammation as his friend. From the fact, that in all wounds involving a solution of the continuity of parts, if death does not ensue and the part retains irritability sufficient, there is an inflammation set up, and an effusion of this histogenetic or plastic material for the repair of the injury. However this may be, there is at least a question whether there would not be enough of this reparative material thrown out and organized to repair the injury, the heat and circulation being kept at the normal standard.

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## PHIMOSIS; ITS SEQUELÆ AND CURE.

BY E. YOUNKIN, M. D.

Phimosis consists in a preternatural narrowness of the opening of the prepuce, so that it cannot be carried back of the corona glandis. This condition may be either congenital or acquired.

*Congenital Phimosis* is, in most cases, due to an excess of de-

velopment in the length of the foreskin, the orifice being contracted, and in some cases actually wanting. When the orifice of the prepuce is closed entirely, it is called *atresia præputii*; if the opening is present, it may be too small for the free escape of the urine, and the urine, collecting, distends the prepuce, as water in a bladder. Under these circumstances, the penis becomes erect from the pressure and irritation, which, if allowed, places the child in great distress, and finally results in inflammation, œdema, abscess and sloughing. In infants the foreskin is normally redundant, but so long as the glans can be uncovered all will come right in time.

In some cases, the prepuce may *not* be redundant, but the orifice so small as to hug closely to the glans and not admit of its going back of the corona. This condition is called *atrophic phimosis*, and owing to its continued pressure on the penis the organ is but poorly developed, and the condition is liable to produce reflex phenomena; besides, if forcibly retracted behind the corona, the parts rapidly swell, thus preventing reduction and producing a paraphimosis.

*Acquired phimosis* may be brought on by attacks of gonorrhœa, balanitis or chancroid beneath the prepuce. In a few cases of children, where the foreskin is long, and though the opening may be large, the urine, constantly bathing the meatus, may irritate and cause the parts to swell, inflame and contract, and thus aggravated by its own pressure may call for surgical interference. Indeed, any slight abrasions, eruptions of measles, scarlatina, collections of smegma, seborrhœa, or inflammatory attacks of any kind upon the parts, may produce contraction of the once normal prepuce and thereby induce an acquired phimosis.

Preternatural redundancy of the prepuce, I believe to be, in many instances, hereditary. I have been called upon to circumcise all the male subjects of certain families. I believe the condition to be peculiar, not only to families, but to nations—the Jews, for instance. Just as common is the redundant prepuce with the Jews as is their Roman nose and other physiological expressions. When the Almighty, therefore, selected a race to be his peculiar people and circumcised them as a mark and seal, he chose a necessity. With the Jews, therefore, circumcision is a religious or moral rite and a physical necessity, and with an occasional Gentile it becomes a physical necessity—oftentimes from the violation of a moral law.

*Phimosis may produce general anasarca.* It has been customary in former times to reverse this proposition—to say that anasarca may produce phimosis. While we believe the latter to be true, we believe the former has been too often overlooked, and that anasarca is more frequently the effect rather than the cause.

CASE 1. I was called to consult with Dr. S., about two years ago, in the case of a child, aged 6 years. General anasarca was present; the cellular tissue seemed distended to the utmost in the arms, legs and body. I observed the prepuce greatly elongated, contracted, œdematous, and the canal tortuous and very small. Circumcision afforded immediate relief and the child soon recovered.

*Phimosis may cause disturbance of the heart's action.*

CASE 2. Edward R., aged thirteen years, was troubled with irregularity of the heart's action; palpitation a common attendant upon the least effort; had suffered for several years. After treating him with numerous remedies, without benefit, my attention was called to the condition of his prepuce, as he had complained of soreness. I found the prepuce inflamed and swollen; the scrotum œdematous. I split the prepuce on the dorsum, to break the tension and reduce the inflammation, thinking that, as an after-operation, I would circumcise. The parts were thus allowed to remain for a time, and the patient was greatly relieved. To show further results, however, of a mere splitting of the prepuce, I wish to relate the case more fully. I desired to circumcise, but the opportunity was refused. Finally the redundant tissue, having fallen below the glans, began to grow, and as it developed, it crowded in front of the glans penis, until it presented the appearance of a fully developed glans. It closed around the glans proper, leaving only a small opening behind it and on the dorsum for the escape of the urine. Had a stranger seen this, he would have taken it to be the glans proper. An extirpation became necessary, and I was allowed to perform it, which resulted in the restoration to health.

*Phimosis may produce a condition simulating stricture of the urethra and orchitis.*

CASE 3. James W., aged twenty-nine years, contracted what was pronounced syphilis some four years ago. Six months ago he came for the first time to consult me. In telling me his story, he stated that his present distress was a supposed stricture, for which, he

had been treated, without benefit, by some physician. He had difficulty in passing urine, considerable smarting, small stream, and slight purulent drops at times. He had also an enlarged testicle on the right side, which had been in that condition for two years. I examined for stricture and found none. The prepuce was somewhat long and considerably contracted. It was my opinion that his syphilis was a chancroid, and that it had contracted the prepuce, and that perhaps the whole trouble was due to this. I advised circumcision, to which he consented. In two months after the operation he pronounced *himself* entirely well. No trouble in the urethra, and the enlarged testicle was of normal size.

*Phimosis producing apparent disease of the kidneys and chronic inflammation of the ankle.*

CASE 4. Freddie H., aged ten years, had measles, and after recovery he complained of pain in the back and difficulty in passing water. Six months after the measles, his right ankle became swollen and painful. His physician said he had disease of the kidneys, and treated him accordingly for over a year, and that without benefit. The mother finally brought him to my office. He came walking with a crutch; his ankle enlarged; pain in his back. Upon inquiry, the mother stated that she had noticed that the penis swelled like water in a bladder when he urinated. Said I: "Madam, this whole trouble, I think, is due to phimosis. He must be circumcised." This done, and the boy recovered.

What a multiplicity of symptoms we find in the *female* due to uterine irritation! Why may we not find like conditions in the male, due to phimosis? In the female we call it *hysteria*. What shall it be when in the male? We are sometimes not a little diverted when we read reports of hysteria in the male. A case in point is found in the *Medical Record*, of February 26th—"Hysterical Speroma Cured by Circumcision." A correspondent, writing from Canada, says: "A young gentleman, aged twenty-one, called on me a few days ago. He prefaced his visit by asking me, in a hoarse whisper: 'Are you a general doctor?'" An affirmative answer being given, the young man went on to state that he was a victim of self-abuse. He stated that his health was perfect, though he thought himself ruined by this habit, for which he was being treated by another. He came to consult about this *hoarseness*. The doctor, upon ex-

amination of the throat, found no special lesion, but upon examination of the genitalia found a long prepuce, with moist, sodden glans, and advised, as a preliminary step, to have circumcision performed. After using a ten per cent. solution of cocaine, injecting a few drops in the line of excision, so that he could have the "moral" benefit of the operation, which proved successful; but in a few days after the operation, to the doctor's surprise, he found the so-called "vocal paralysis" gone.

I have seen this same condition in females, in whom we call it hysterical aphonia, and therefore we are led to believe, that as in hysteria, so in phimosis, we have reflex actions producing a train of diseases, the source of which may often try the skill of the diagnostician.

Masturbation, difficulty in passing urine, irritability of the bladder, frequent micturation, prolapsus of the rectum, and symptoms of stone and stricture, may all be readily traced to phimosis, but when remote parts become affected we are not so apt to determine the cause.

Dr. Louis A. Sayre found curvature of the spine and simulated club-feet due to contraction of the prepuce.

Dr. Erichsen traced general spasmodic affections resembling chorea to congenital phimosis.

Dr. Agnew says: "It creates an irritation, the reflex influence of which may induce incontinence of urine, symptoms of stone in the bladder, paralysis of the lower extremities, convulsions, priapism," etc.

Barwell saw cases simulating hip-disease; and our esteemed contemporary, Dr. Milbrey Green, of Boston, reports, in brochure, simulated hip-disease, and other neuroses, from phimosis; whilst others have found contractures of muscles, abdominal pains, and derangements of the heart and other remote organs, from this condition. Many more cases we could give, in our own experience, but let this suffice.

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## RHEUMATISM.

BY W. J. ATKINSON.

In March number of JOURNAL, Dr. Carr gave us his experience in the treatment of rheumatism; reading it, I became inspired to write. I have had *personal* experience in that disease and its

treatment. I do not propose to have this article convey the idea that a great many "consumption cure" advertisements are wont to convey—"After years of suffering, etc., a remedy has been found at last that will certainly cure and never fail." No, not that; but I have suffered from a knee swollen as large as your head with inflammatory rheumatism, a foot cold as ice from the sciatic variety of that disease, and unable to get out of the house for a month at a time. This much for the personal suffering; I have treated myself for all this, and others for all grades and conditions of it, nearly. It is the most difficult disease to treat I ever saw, I think, except, I might say, dyspepsia or indigestion—and, by the way, did it ever occur to you that rheumatism was only dyspepsia? Think of it! Who ever heard of such an idea? Did you ever read in your books that rheumatism and dyspepsia were kinfolks, and that if there was no such thing as dyspepsia there would be no rheumatism? How does the *microbe* called *sarcerræ*, as the germ theorists say, produce dyspepsia or rheumatism either? We do not know; neither do they, as we know of. But dyspepsia does produce or converts the dietetic agents into lactic, butyric and perhaps other acids, giving rise to malasimilation of the dietetics; hence, in lieu of good, rich blood of nutrient material, we have in such cases blood deficient of that quality, and overcharged with those acids; hence, there is soon a cry of the nerves for more food, or food suitable to satisfy the demands—nature tries to satisfy the crying child by giving what she has, but the more she gives the louder the cry, until the adult cries too. Dyspepsia is the first prime cause of all this trouble. But I forgot, I only wanted to tell how I have cured some cases, myself among the number—theories as to the cause laid aside. I have: Fl. ext. black cohosh, ℥j.; fl. ext. poke root, ℥j.; fl. ext. iris versacol, ℥j.; fl. ext. prickly ash bark, ℥j.; syrup simplex, ℥viiij. Mix. Teaspoonful three times per day; or, if you wish, you can give larger doses, and oftener. This will place the patient "*hors de combat*" in a short time. Then the pain is ended. You may add to this, iodide potash, ℥ss. Give podophyllin, or any other good "liver medicine," and you may safely tell your patient that if he will continue that medicine for one week, he will be able to attend to business.

Quinine is good in 3-grain doses, repeated at intervals of three

hours until 8 doses are taken. This will relieve the paroxysm ; then give a few gentle hints as to diet to " prevent its return," and if you can collect the fee you can count the patient " cured." The treatment I like better for myself would be to take in the place of the simple syrup the best Bourbon whiskey, one pint, and one ounce of gum guaiacum, and then take it until you feel happy. That will do for doctors ; but I do not prescribe that for my patients, as I believe in temperance, and do not prescribe ardent spirits as long as I believe there is anything else that will answer ; hope the readers of this article will do likewise. I have never failed to give satisfaction in any case I ever treated. You must, of course, look for indications and meet them in every case ; there may be some general remedies that will be useful ; special remedies must be used in all cases—*rhus. tox.*, *aconite*, *belladonna*, *veratrum*, or anything else as needed ; *rhus. tox.* is frequently needed.

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## RHEUMATISM.

BY N. A. NOE, PH. G., M. D.

Seeing in your valuable journal an article on rheumatism by Dr. Carr, I will say that his suggestions are very good in many cases of rheumatism, but many are very obstinate. As an "all round" prescription, I have found the following to be most excellent, and suits many diatheses : *R. Acidum nitricum c. p., 3j. ; acidum hydrochloricum c. p., 3j. ; tinct. nucis vomicis, 3ij. ; elixir calisaya, q. s. ad. 3vi. M. Sig.* From one-half to one dessertspoonful in a wineglass of water three times a day.

In this prescription you get the acid, so suitable to a majority of the rheumatic affections, the nitre, the tonic effects of *nux* and *calisaya*. In this the liver is stimulated, as is also the stomach and whole alimentary canal, and a great benefit to the digestion ; with this you do not require the *jalap* compound, *calomel*, etc., and very seldom the *morphia* or liniments.

I have found by the free use of this recipe it keeps the stomach so stimulated, and, in fact, the whole system, that you are not so liable to have cardiac troubles to contend with, and, your acid acts as an alterative and prevents valvular deposits. I think when this prescription is properly and vigorously used there will seldom be a necessity of going back to the alkalies.



In cases of too great pain, I use a little Dover's for temporary relief, and occasionally paint the parts affected with a compound of: R. Camph. gum, chloral hydrate, aa ʒij.; chloroform, ʒij.; menthol, ʒij. M. Sig. Apply with camel's hair brush twice a day.

Now, if Brother Carr or others of the unfortunate M. D's will try this on their patients, they will find good results.

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## WHAT IS THE MATTER WITH OLD MRS. BRADY?

BY J. D. COOPER, M. D.

She is aged fifty-seven years, height five feet eleven inches, weight 180 pounds. I was called to see her December 31, 1886, at 11 P. M. She was having severe uterine or abdominal pains.

Question—Mrs. Brady, what do you think is the matter?

Answer—I am in the family way at the seventh month. Yes, Doctor, I am an uncommon woman; I began to menstruate at eleven years of age.

Ques.—How long since has it ceased?

Ans.—It never ceased until the seventh of last June; it never came a day too soon nor a day too late, not a drop too much nor a drop too little, for forty-six years, except the time of my pregnancies. It has been twenty-three years since my last accouchement.

Ques.—Did you have any morning sickness?

Ans.—It did not exactly amount to that; I was bilious and had eructations which lasted about three months.

Ques.—When did you first feel the motions?

Ans.—I felt motion at four and a half months from my last menstruation, and these have continued more or less ever since. My breasts are enlarged a good deal and they have milk in them.

I found the milk present, the abdomen enlarged and even in its rotundity. I made a vaginal examination, but found nothing unusual nor any sign of pregnancy. The abdomen was very flat, I could feel the uterine ball. I gave valerianate of zinc and hydrate of chloral and departed, not feeling fully satisfied as to the nature of the case.

About ten days afterwards I met Dr. M., near Mrs. Brady's, he having seen the woman previously. I proposed that we would go and examine our patient together. We found her eating dinner and

feeling jolly. The stethoscope elicited nothing; the os was pretty high up, but we left without a decision as to the nature of the case.

The madam, however, consoled us by telling us that she was expecting her confinement the 21st of March, and hence by the next issue of your journal we will be able to report.

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### POSTAL BRIEFS.

**PROLAPSE OF THE CORD.**—In the month of January last I had an unusual number and variety of obstetrical cases, fifteen in all. Two of them were breech presentations and one prolapsus of the umbilical cord in advance of the foetus eight or ten inches. I replaced the prolapsed cord a dozen times, but it would not remain for a moment. The child was delivered without instruments, and to my astonishment I found the umbilical cord tied in a hard knot. The mother informed me that about a week prior to her confinement she had had a very severe spell of cholera morbus, attended with severe vomiting and purging, and that at that time the movements of the foetus were extremely violent and seemingly convulsive. Might not the cord have become tied by the foetus turning end over end, passing through the cord as to tie a knot? This is my first experience with a case of this kind. The child of course was born dead.

J. E. CALLAWAY, M. D., Ravenna, Mo.

**PULMONIC CORDIAL.**—*Editor of the American Medical Journal:* In your journal I find many valuable suggestions and preparations, to which I wish to add a *cough cordial* I have been using for several years and which I prize very highly: Take of wild cherry bark ground, 2½ lbs.; ipecac powder, ℥v.; blood root, ground, ℥vj.; squills, bruised, ℥iij; licorice root, crushed, ℥jss.; anise seed, fine, ℥viiij.; fennel seed, fine, ℥ij.; orange peel, crushed, ℥iv.; cochineal, ℥ss.; crushed sugar, 10 lbs.; alcohol, 2 galls.; water, 2 galls. Take the wild cherry bark, wet it with water and set it aside two or three days; the rest of the ingredients, except the water and sugar, may be mixed and the alcohol poured over them, let stand for a week, shaking or stirring occasionally. After the wild cherry has stood for two or three days place it in a percolator and run through it two gallons of water. Now add this to the alcohol and other ingredients, and let stand for three days longer, stirring as before; now draw off

and filter the liquid, after which add the sugar, and, lastly, add sulphuric acid ʒij., which sets free the cochineal, making the mixture a beautiful cherry red tinged with orange. Dose, one or two teaspoonfuls. If physicians will try this they will not be disappointed. They can add other agents, such as morphia, tinct. opii. or bromide of potash, as they may desire.

O. F. VOIGT, M. D.

**NON-ANTISEPTIC SURGERY.**—*Dear Professor:* I present for your Postal Briefs another case to illustrate the decided benefits of antiseptic surgery: I was called in haste to see a boy aged six years; the child of very poor parents, living in a hovel, surrounded with filth, and nothing but the ground for a floor. On a cold day in January, of last year, while the child's right hand was lying prone on a log, an ax had fallen from the shoulder of his little brother, striking its dull edge on his hand, cutting or rather crushing the dorsal aspect, making a gash from the metacarpo-phalangeal articulation of the little finger diagonally to the carpo-metacarpal articulation of the index finger, entirely severing the second and third metacarpal bones. The parents would not permit me to suture the wound. The idea of sticking a needle into the already suffering boy was intolerable; so I approximated the edges of the wound with adhesive strips and bound the hand and forearm to a splint. The next day the little fellow was running around with the rest of the children, playing. The third day he found the splint in his way and removed it; the hand never had any more attention. I saw him about three months after, and he had good use of his hand and the scar was very small. There had been no effort made to keep the hand clean. The little fellow played in the dirt every day, and did not wash the hand because it hurt too bad. The whole family looked as if they never washed, and yet no sign of septic infection. How is that? And why so much fuss about antiseptics?

F. A. REW, M. D., Portia, Ark.

[Perhaps Bro. Rew is not aware that this great globe of ours is a powerful antiseptic. Mother Earth is a combination of a number of geological strata, so mixed and prepared, that it possesses remarkable antiseptic, absorbent, astringent, contractile and healing properties, and I suppose this to be specially the case with Arkansas mud.—EDITOR.]

TOOTH CORDIAL.—*Dear Professor*: As you ask for Postal Briefs permit me to contribute my mite in giving what I call my tooth cordial, which your readers, I think, will like in case of tooth-ache: R. Chloroform, oil of piper nigrum, of each equal parts, mix. After cleansing out the cavity of the tooth, saturate a piece of lint or absorbent cotton with the above and insert into the cavity. If the affection is of a neuralgic character, use in connection with the above the following: R. Bromide potass., ʒij.; tinct. gelsemium (green root), ʒj.; water, q. s., ʒij. Mix it and take a teaspoonful every one or two hours until relived.

J. G. ELLIS, M. D., Oakley, Ill.

A GOOD SUGGESTION. — *E. Younkin, M. D., Dear Sir*: No doubt you have many suggestions offered as to the management of the JOURNAL. All I can say, for heaven's sake don't allow long-winded articles with no practical application to disgrace its pages. Short, *practical* articles is what the practitioner wishes, with *what will cure* tacked on to the end—hints that can be utilized in everyday practice. A long, windy, random article with a half-dozen shot gun R's, is like unto a dog with a tin can hitched on his caudal extremities—something to be avoided.

A. H. COLLINS, M. D., Honey Grove, Texas.

THE VENOM OF A RATTLESNAKE IN TETANUS.—*Prof. Younkin—Dear Sir*: In your March number appears an item under the head of "Notes and Personals," intended, perhaps, as a bit of a *pasquinade* on my alleged discovery of the utility of serpent venom as a remedy for tetanus. I have never yet claimed anything in the line of specifics, but this substance used early will control tetanic rigidity and spasmodic action almost as effectually as quinine will cure an ague. The venom of the rattlesnake is no more poisonous than strychnia and other active medicinal agents used by medical men in the regular routine of practice. It is no more likely to produce sloughing, when used hypodermically, than chloral, and is quite as safe in every respect and much more reliable in its action. But I do not propose to write an extended article at this time, as I prefer to await the result of further experiments before I wander wantonly on the domain of a profession that has always been both too slow in making investigations and too fast in accepting new things.

A. O. AMEDEN, M. D., Glens Falls, N. Y.

**REPORTS OF SOCIETIES.**

THE International Medical Congress convenes in Washington, D. C., September 5th, 1887, and will last six days.

DR. H. S. McMASTER writes that the annual transactions of the State Eclectic Medical and Surgical Society of Michigan, for 1885 and 1886, is now in press and will include the papers read at the Albion and Lansing meetings.

TEXAS ECLECTICS, TO THE FRONT!—The Fourth Annual Session of the Texas Eclectic Medical Association will be held at Dallas, Tex., May 10th, 1887. It is earnestly hoped that every Eclectic in the State will be present at this meeting, as business of importance to all will be considered.

Honey Grove, Tex.

A. H. COLLINS, M. D., Sec'y.

THE Eclectic Medical Society of Central Kansas will hold its fourth annual meeting on the second Wednesday in June, 1887, at the Grand Central Hotel, in Salina, Kansas. The meeting will be called to order at 10 o'clock A. M.

*Officers:* A. S. Gish, M. D., of Abilene, President; C. A. Flippin, M. D., of Hillsboro, First Vice-President; O. W. Baird, M. D., of Marquett, Second Vice-President; D. M. Gillespie, M. D., of Salina, Secretary; J. R. Creighton, M. D., of Sylvan Grove, Treasurer.

All members and all liberal physicians are requested to attend.

Respectfully yours, etc., A. S. GISH, M. D.

### **ANNOUNCEMENT OF THE NEXT MEETING OF THE ECLECTIC MEDICAL SOCIETY OF MISSOURI.**

The *time* of holding the next annual meeting of the E. M. Society of Missouri, will be Thursday and Friday, June the 2nd and 3d, 1887, commencing at 10 o'clock A. M., sharp.

The *place* of the meeting will be at the American Medical College, 310 North Eleventh street, St. Louis. The Commencement exercises of the above college will take place on the day previous to this meeting.

At the last meeting of this State Society, it was ordered that the work be divided into sections, and that the President and Secretary arrange and appoint the officers of each section.

In accordance with this order, the following programme is herewith submitted:

SECTION A.—Practice of Medicine, Materia Medica and Therapeutics :

Dr. J. E. Calloway, Ravenna, Mo., *Chairman*; Dr. Jno. Harris, Goldsberry, Mo., *Secretary*.

SECTION B.—Public Hygiene, Jurisprudence and Medical Legislation:

Dr. A. Merrill, St. Louis, *Chairman*; Dr. L. H. Hunt, McFall, Mo., *Secretary*.

SECTION C.—Surgery and Surgical Diseases :

Dr. E. Younkin, St. Louis, *Chairman*; Dr. A. V. Thorpe, Jamestown, Mo., *Secretary*.

SECTION D.—Gynecology and Disorders of the Pelvic Organs :

Mrs. C. A. Gibbs, *Chairman*; Dr. H. H. Brockman, Pleasant Mount, Mo., *Secretary*.

SECTION E.—Physiology, Mental and Nervous Disorders, and Electro Therapeutics.

Dr. G. C. Pitzer, St. Louis, *Chairman*; Dr. J. M. Manes, Billings, Mo., *Secretary*.

The officers of sections are earnestly requested to use every endeavor to have a number of good papers to present, bearing upon their particular sections.

Let each one correspond with the physicians of the State and make a thorough canvass of the entire field.

We hope to have a grand time at this meeting, but to do this will require an effort on the part of all the members. Members of the profession from other states are expected and cordially invited.

If the address is not known of any one whom you would like to write, correspond with the Secretary and he will answer at once.

Let each Eclectic in the State lay aside all manner of excuse and be present at this meeting.

DR. E. J. WILLIAMSON, *President*,

DR. M. M. HAMLIN, *Secretary*,

St. Louis.

Gray's Summit, Mo.

**SELECTIONS.****DISEASES OF THE RECTUM.\***

BY JOSEPH M. MATTHEWS, M. D.

As your Committee on Diseases of the Rectum, I desire to report on four subjects which pertain to that special line of study, viz. :

1. Operations for cancer of the rectum.
2. Operations on the rectum under whisky.
3. The sphincter muscles in disease.
4. A new operation for fistula in ano.

Before detailing the two cases of cancer operated on, I wish to state as succinctly as possible, some views and observations which an experience of some years has taught me.

1. I do not believe that cancer is hereditary; hence its appearance in families, as by family history, is, in my opinion, purely by chance.

2. In my experience, scirrhus cancer has been the form most often met with in the rectum, and not epithelioma, as taught by the authorities.

3. I do not believe that colotomy is justifiable for cancer of the rectum.

4. In the observation, which covers many cases of cancer of the rectum, the disease has occurred, in a majority of patients, under the age of forty years; in two instances under twenty.

5. In the majority of cases observed by me the symptoms recited by authors as being characteristic, if not pathognomonic of cancer, were absent, viz. : excessive pain, hemorrhage, and odor.

6. I do not believe that the "facial expression" of the patient, which is dwelt upon with so much stress by authors, ever exists, save as the result of fear and anxiety about their condition.

7. If the cachexia of cancer exists, I do not believe that life is ever prolonged by any operation, except it be to overcome obstruction in the bowel.

8. In cases of cancer beyond all cure, I believe that we are justified in giving sufficient opium to quiet pain, if pain exists, even at the risk of establishing the opium habit.

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\*Read Before the Kentucky State Medical Society at Winchester, June 24, 1886.

With these observations you will permit me to recite the operations upon two cases of cancer by two different methods.

*Cancer of the Rectum.*—CASE 1.—Mr. B. consulted me, in company with his family physician, and gave the following history: Had complained for six months or more with burning pain at defecation, which radiated up the back and down the thighs. Had for some time a morning diarrhea, accompanied by a mucopurulent discharge. Upon examination a hard growth was detected, situated dorsally, but inclined to the left side, above the internal sphincter muscle about one and a half inches, in size as large as a silver half dollar. No stricture was apparent. The growth was denuded of mucous membrane; was not movable. From it the discharge mentioned came. The rest of the gut was healthy. I suggested to the physician that the growth be removed. He agreed, and the patient was put under chloroform, and we practiced the operation, so well thought of by the Germans, of scraping or scooping out the growth. Having divulsed the sphincter, and the parts being held apart by retractors, I took a lithotomy scoop and persistently scraped away all of the tumor, and only ceased when it was evident that healthy tissue had been reached. Hemorrhage, which was not excessive at any time, was easily controlled by pressure, no vessels being tied. The wound, which was of some depth, was packed with absorbent cotton, well powdered with persulphate of iron. The retractors were removed and the patient given an opiate. At no time, however, was the pain very great. The bowels were confined for five days; a purgative was then given, and the dressing came away with the action. The rectum was syringed daily with equal parts of water and listerine, until the wound was entirely healed, all the discharge ceasing. Up to this date, four years after the operation, no disposition to return has been noticed. A section of the tumor was examined under the microscope and pronounced epithelioma.

CASE 2.—I was sent for to go to an interior town to remove a pronounced cancer of the rectum from a man sixty-two years of age. I found, upon examination, that the growth began just above the sphincter muscle, but did not involve it. It extended at least two inches up the gut, involving at least two-thirds of its circumference. The prostate gland was not affected. The cachexia was plainly discernable and the neighboring glands enlarged. Although I told



him that I could not promise anything, he insisted upon the removal of the growth, which was now blocking the bowel to an appreciable degree. He was prepared for the operation, and, with the assistance of four physicians, it was done after the following manner: The patient was anesthetized; a free dorsal incision was made down to the sacrum, coming out and over the coccyx, keeping as near the median line as possible. A slip of the knife cut the middle hemorrhoidal artery; considerable difficulty was experienced in securing it. The levator ani muscles were then carefully dissected up. It was found that the attachments and infiltration of tissue was very great, and the operation was necessarily done very slowly. The vessels were secured as the operation proceeded, and the entire growth was removed. It was impossible to bring the gut down and attach below, as advised by so many—which procedure, however, I could never get my consent to advocate. The sutures in these cases do much damage, and the accumulation of pus is, of course, to be expected. The stitches give way, and the result is not as favorable as when the wound is left open and so dressed. The whole space of excision was packed with carbolized cotton, a T bandage applied, and the patient given opiates sufficient to quiet pain. He was cared for by the local physicians, who, at the end of two months, reported the whole surface healed and the patient in a much more comfortable condition. Bowels moved freely and with but little pain. Up to this writing no return is noticed. A section of the tumor was submitted to Professor Dudley S. Reynolds, who examined it under the microscope and pronounced it epithelioma.

*Operations Upon the Rectum Under Whisky.*—Perhaps the most painful of all surgical diseases is fissure of the anus, or irritable ulcer of the rectum. For its cure two operations are recommended, viz., divulsion of the sphincters, and division with the knife. Either of these is a most painful operation, and cannot be done without chloroform. There are many patients averse to taking an anesthetic, and in many cases the surgeon is adverse to giving it. Meeting in my practice such cases, and recognizing that an operation was imperative, I have operated a number of times by administering whisky in lieu of chloroform. Such procedure has been limited to fissure and irritable ulcers of the rectum; but, of course, it could be practiced in any affection calling for surgical treatment where an anes-

thetic was necessary. It is not the purpose of this paper to discuss the moral involved, if there be any, but suffice to say that I believe that no love for liquor or its effects would be induced, but the contrary might obtain.

The manner of administration that I have practiced is, viz.: Get the very best article of whisky possible. Begin by giving on an empty stomach one or two ounces, and repeat every twenty minutes until the full effect is obtained, as is evidenced in the drowsy, sleepy condition of the patient. My experience is that it takes from eight to twelve ounces to get this effect in the adult male. Of course habit in taking engenders a capacity for large amounts, and with this agent, as with many drugs, an idiosyncrasy may exist, which must be ascertained. Women are affected much more quickly and with less quantity than men, and children require but little whisky to get full effect. The same can be said of the aged.

CASE 1.—Judge X., of Indiana came to me for treatment of a very irritable ulcer of the rectum, which was encroaching on the external sphincter muscle. For months, as he expressed it, his life had been a torture. He had cultivated a constipated habit, preferring this to the suffering that he had experienced at each movement of the bowels. He objected to taking chloroform for the reason that he had been told that he had heart trouble. Although assured, after a careful examination of his heart, that he had no such trouble, he was persistent in his refusal to take an anesthetic. He was in splendid health, excepting this local trouble. I suggested to him the whisky plan; to which he assented. He went to his hotel and took the whisky according to directions, until he had taken one pint in one hour. I visited him, and did the operation by divulsion of the sphincters, and dividing the same with the knife, in addition. Being called away that night, I did not see him again for three days, at the expiration of which time I saw him in the rotunda of his hotel, and he told me that he did not remember a thing of the operation, and really did not know that I had been there until informed of the fact.

CASE 2.—Dr. H. had suffered from an irritable ulceration of the rectum for a year or more. In consequence he had abandoned his practice. Had feared the operation for the cure of his condition, because he was sure of some heart affection. He consulted me,

and an examination revealed the condition that I suspected. I advised him to substitute whisky for chloroform and have the operation done. He consented, and I went to his home, sixty miles away, and did the operation. When I reached him he was "dead drunk," according to directions, and divulsion was freely made, with the patient not evincing by the least sign that he suffered any pain. He afterward told me that he remembered absolutely nothing of the operation.

In this connection, I desire to state that the anesthesia necessary to divulse the sphincters in an irritable condition must be more profound than that which would be necessary to extract a cataract. This has been the observation of both Dr. Reynolds and Dr. Coomes, who have given chloroform for me in these operations. Hence it is that I regard this as one of the most painful of all surgical operations; and if whisky would answer in these, it would in major operations of surgery, especially those requiring a long time for their performance, as the effect of the agent does not soon wear off. I cite only two cases, but I have used the method in a number, and always with good result. I do not believe it advisable to use it, save in those cases where, for sufficient reasons, the surgeon declines to use the usual anesthetics, but I do believe that in those excepted cases it will be found an excellent *substitute*.

*The Sphincter Muscles in Disease.*—After an experience of a score of years in rectal surgery, I am more and more impressed with the importance of the part played by the sphincter muscles in disease, not only in local manifestations, but in producing obscure symptoms, which oftentimes lead the physician into a false diagnosis. I desire to recite a few cases that go to prove his assertion, and add that they are but a sample of many that have fallen under my observation.

CASE I.—Mr. H. G. came to me, accompanied by his physician, from a distant town in the South. The following history was elicited: About four years before, he began to suffer with "cramps" in the abdomen. No special attention was paid to this, nor were they at that time associated with any rectal affections. Later on the patient complained of decided dyspeptic symptoms and an aching sensation around the anus. This sensation was not particularly referable to his stools, but was more or less vacillating as to time.

Eventually, pain was complained of as radiating over the sacrum and lumbar region and down the thighs. Whether imaginative or not, it was thought by the patient that his trouble was aggravated by eating, even of the most digestible diet. In consequence of this, his physician enjoined an abstemious diet, and upon this he was kept for several years. Notwithstanding all treatment he grew gradually worse, until his physicians suspected malignant growth. During the interim he was sent to different watering places and to the sea coast, but to no avail. He began to lose flesh rapidly, and at the time that I first saw him had lost about forty pounds. I examined him carefully for rectal trouble, but could not find a trace, except that the sphincter grasped my finger tightly upon its insertion, but the patient complained of no pain. I advised that a second examination be made, under chloroform, adding that I would attend to any trouble that might exist while he was under the anesthetic. Having the assistance of two physicians, he was chloroformed, and with different speculums I examined the rectum, but no disease was found. Acting upon the idea that his complaint was a nervous one, I divulsed the sphincters forcibly, but nothing more. The result was that ever after he ate what he pleased, and complained of no more pain. He has gained flesh ever since, and to-day weighs two hundred pounds, a gain of forty.

CASE 2.—Miss B. was sent to me for treatment by her physician. She was accompanied by her mother, who gave a detailed statement of her daughter's condition. From the fact that she gave such an accurate description of a painful dysmenorrhea, and believing that the uneasy sensation about the anus was reflex, I suggested that she consult a gynecologist. This she did; and he informed me that, in his opinion, the trouble originated and was kept up by a displaced womb. For this he had her wear a supporter and take medicines prescribed. This treatment was followed with great care, for many months, but without the least benefit. She believed that her trouble was in the rectum. Seeing that she placed great stress upon this, I got her to consent to take chloroform and allow me to do whatever was necessary. To this she readily consented. Chloroform was given; no rectal disease was found, but the sphincters were forcibly dilated. She left the infirmary in one week. After three weeks her physician wrote me, saying: "Miss B. is a changed

girl; she no longer complains of anything, and is now continually on the go, where, before this, she would not venture out of the house. What did you do?"

The recitation of these two cases I think quite sufficient to explain that in these obscure rectal cases, with symptoms that are vague and point to other trouble, an investigation of the sphincter should be made. That which evidences that it is the source of trouble is its irritability, with or without pain, upon examination.

As a factor in producing and keeping up a constipated habit, I am sure that this state of the sphincter muscles is the greatest of all causes. The late Dr. Cowling recognized this fact, and said to me, just before his death, that he believed that stretching the muscles would do much in overcoming constipation. In all cases where it has been necessary to divulse in rectal diseases, when constipation was co-existent, it has been my observation that said habit was overcome. Acting upon Dr. Cowling's suggestion, and the result as stated in these cases, I have quite often divulsed the sphincter and muscles for long-continued constipation, always with most excellent results. Recognizing the vast amount of trouble that constipation breeds, and knowing the difficulty that is generally met in overcoming the habit, I would respectfully advise the divulsion of the sphincters as a most excellent method of cure.

*A New Operation for Fistula in Ano.*—Many operations have been devised for the cure of fistula in ano, all of which have had as their chief aim the substitution of some remedy more pleasant than the knife; hence, we have the elastic ligature, the inelastic ligature, injections, etc., all of which have served some good purpose, but none of which have succeeded in supplanting the knife in all cases. Very much can be said in favor of each method, but certain it is that their employment is restricted to exceptional cases. Injections are of but little avail in old standing cases, for the reason that the membrane lining the sinus is of such thickness and composition that it resists medication. If the healing process is established at all, it is at the external orifice only, and this is not desirable.

When the ligature is used, either the elastic or non-elastic, the top portion only of the fistula is divided, leaving the bottom untouched; hence, deviating from a rule in surgery which is imperative, viz.: "Fistulous sinuses must heal from the bottom." It was to obviate

this difficulty that I devised the method which I shall describe briefly. The plan is this: Taking the ordinary exploring probe, it is inserted into the external orifice of the fistula, to determine, if possible, that only one sinus exists. Fortunately the majority of fistulæ are of this kind. Being satisfied of this fact, I then take a long, slender laminaria tent and push it gently into the fistulous sinus to the fullest extent that it will go. This is allowed to remain for several hours, keeping the patient under observation during the interim, at the end of which time it is withdrawn. The procedure causes but little if any pain. The laminaria tent is preferable to sponge, for the reason that it furnishes its own moisture, which assists in its withdrawal. After this dilatation, I take Otis' improved *urethrotome*, with small point; closing the instrument tightly, it is pushed gently as far into the sinus as it will go, and then, by the aid of the screw attachment, dilate the sinus. When this is done, the turning of the screw at the side of the instrument will cause the concealed knife to protrude at the distal end according to the measurement desired. The instrument is then carefully withdrawn, cutting through the *wall* of the sinus throughout its whole length. The cut, as will be perceived, has been made subcutaneously, and the pain is insignificant. What hemorrhage takes place is easily controlled by pressure. In several instances I have turned the instrument and reinserted, practicing the same procedure upon the opposite side at one sitting. If this is not thought advisable, the patient is allowed to go for several days before repeating the operation, which is to include the other side. The advantages that I claim for the operation are, viz.: Over the injection plan it must take precedence, for the reason, as above stated, that the injection of any agent that is commonly used for such purpose does not accomplish what is desired. The sinus is lined by a thick pyogenic membrane, which will, in many cases, resist the action of said agents; hence, it is impossible to get healthy granulations. With this instrument both the top and bottom on each side, if necessary, can be *cut through*; thereby insuring a good granulating surface, and this, too, without pain. Over the ligature, either elastic or non-elastic, it possesses the advantage of cutting through both top and bottom or each side of this thick membranous sinus, while the ligature cannot possibly go through any portion but the top of the

sinus as it cuts its way out, leaving, of course, the callous bottom, which in many cases would refuse to heal, it being a positive rule in surgery in the operation for fistula, established by Mr. Salmon, that the *bottom* of all these tracts must be divided to insure a cure. Again, in using the ligature the sphincter muscle or muscles must of necessity be cut through by the ligature, if the internal opening be above them. In the operation with the instrument the muscle is not divided or interfered with. Over the knife it can be claimed, (1) that this operation dissipates all horror in those patients that dread the knife; (2) that excessive hemorrhage is avoided; (3) the sphincter muscles are not cut; (4) the patient is not confined to bed or taken from business.

In the majority of cases which I have treated by this method, I have done so without them knowing that anything in the nature of an operation had been done. Exhibiting the instrument to them, the knife being concealed in its case, they have never known other than that it was a probe. If I find, after waiting a few days, that a sufficient depth was not reached, the instrument is again inserted and the same procedure practiced. The patient is kept under observation a sufficient length of time to be assured of a perfect cure. Where pus cavities are found, or many sinuses exist, of course the operation is not advised; but in the selected cases mentioned, I am sure that the advantages claimed for it will be realized. A score of cases in my practice attest its value.

*Hæmorrhoids.*—There is nothing specially new in the treatment of hæmorrhoids. The same views as expressed in my report to this Society in 1877 in regard to the injection of piles with carbolic acid (which report Mr. Allingham, of London, has done me the compliment of embodying and indorsing in his last work on Diseases of the Rectum), I still maintain to be correct, viz.: that the plan is painful, inefficient, dangerous, and does not effect, as Mr. Allingham says, a *permanent* cure. By said method patients are of necessity kept under observation and treatment for an indefinite length of time. By the plans of treatment as advocated by all scientific surgeons, patients with piles are radically cured in comparatively a few days, with no danger and, by proper manipulation, with but little pain. It is the rarest thing that I keep patients under observation longer than ten days. My plan is to adopt the method best suited

to each individual case. It is very seldom that my patients lose more than a few days from business, and the cure is radical. This cannot be said of the injection plan. Where there is such unanimity of opinion among authors in regard to this matter, the wonder is that any man of scientific attainments should indiscriminately use injections of acid into well-formed tumors. If used at all, let it be in the small bleeding, capillary pile.

Before closing my report, let me impress that there is no surgical patient but needs the most careful supervision in the treatment of his case. It may appear a simple thing to ligate a pile or lay open a fistula, but the after-treatment, in regard to hygiene, sepsis, drainage, etc., is just as important as in the cases of major operations in surgery.

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CRIME AND RESPONSIBILITY.—Dr. Daniel Clark, in the *Canada Medical and Surgical Journal*, concludes that:

1. The natural history of crime shows that brains of chronic criminals deviate from the normal type, and approach those of the lower creation.
2. That many such are as impotent to restrain themselves from crime as the insane.
3. The immoral sense may be hidden from expediency, by the cunning seen even in the brutes, until evoked by circumstances.
4. No man can shake himself free from the physical surroundings in which he is encased.
5. Crime is an ethical subject of study outside of its penal relations.
6. Insanity and responsibility may co-exist.
7. Some insane can make competent wills, because rational.
8. The monomaniac may be responsible should he do acts not in the line of his delusion, and which are not influenced thereby.
9. Many insane are influenced in their conduct by hopes of reward or fear of punishment, in the same way as the sane; the rudiments of free-will remain.
10. Many insane have correct ideas of right and wrong, both in the abstract and concrete.
11. Many insane have power to withstand being influenced even by their delusions.—*Technics*.



**MEDICAL ITEMS.**

There is a very large share of medical literature that is perfectly worthless. In our selections of medical items, we aim at giving the cream and not the milk and water. Every item under this heading must have something to recommend it. These items are not thrown in for filling; they are selected from great bundles of exchanges that pour in upon us daily from all parts of the world. The editor reserves the right to throw in an idea himself occasionally.

**EAR ACHE.**—**R.** Muriate of morphia, gr. v.; sulphate of atropia, gr. j.; oleum olivæ, 3 j.; neutral glycerin, 3 jss. **M.** Sig. Drop from three to five drops into the ear, and repeat every hour until relieved from pain, taking care to plug the ear with cotton after applying the medicine.—*Medical Specialist.*

**SICK HEADACHE.**—**Dr. Wylie** recommends a pill or capsule of inspissated ox-gall, one grain; oil of gaultheria, one drop; repeated every hour until relief, or until six capsules are taken.

**NASAL CATARRH.**—**Dr. H. Marks** (*Therapeutic Gazette*) recommends for nasal catarrh the following snuff: **R.** Cocaine hydrochlorate, grs. x.; oil eucaliptus, gtts. iij; iodoform, 3 j.; milk sugar, q. s., ad 3 j. ft. triturate. **Sig.** Use as a snuff every two or three hours and when relieved, use two or three times a day.

**A LAXATIVE AND TONIC WINE.**—**R.** Tincture of calisaya, tincture of simaruba, tincture of gentian, tincture of bitter orange peel, of each f. 3 ijss; tincture of ignatia bean, 3 ss.; sherry wine enough to make O ij. Mix and filter. The wine is tonic, carminative and laxative. The dose is from one to two fluid ounces.—*Prog. Medical.*

**ERYSIPELAS.**—**Dr. Buckworth** (*Practitioner*) states that a favorite prescription in St. Bartholomew's Hospital for erysipelas, is equal parts of precipitated chalk with melted benzoated or purified lard, with the addition of half a drachm of carbolic acid to every ounce of the ointment.

[If you will, wrap the erysipelatos parts in absorbent cotton and bathe with the following: **R.** Cider vinegar. 3 ij.; carbolic acid, 3 j. to 3 iij. Water O j. **M.** Sig. Keep the parts well bathed.—**ED.**]

PERMANGANATE OF POTASH IN ECZEMA.—Dr. W. G. Moore (*Weekly Med. Review*) extols this drug in eczema. An immersion bath, 15 grs. to the pail of water, as in the *Archiv. fuer Kinderheilk*, the patient to remain in the water till the fluid turns brown; or, R. Potass. permang., grs. x.; aqua dist. ℥ j. M. To be applied to a circumscribed patch freely.

RESORCIN IN ECZEMA.—Dr. H. P. Chase claims to have treated nine cases of eczema with resorcin with only one failure, and this one had failed to carry out instructions. One case had passed the hands of specialists without relief. The drug was used as follows: R. Resorcin, ʒ ij.; glycerine q. s. ad., ℥ ij. M. Sig.—Apply with a camel's hair pencil morning and evening.

GLONOINE IN COLLAPSE.—Dr. Sackersteen relates a case of a woman who sank from collapse a few days after giving birth to a child. Life appeared to be quite extinct, but after an injection of ten drops of a one per cent. solution of nitro-glycerine, the patient gasped; within four minutes the heart was felt to beat, the muscles became relaxed and in a few days she was well. Glonoine is best given in alcoholic solution. The dose is from 1-150 to 1-160 of a grain. Rossbach prefers ether as a solvent. He dissolves 1½ grains of nitro-glycerine in sufficient ether, and adds the solution to a mixture of powdered chocolate, ℥ ij.; powdered gum arabic, ℥ j. Mix very thoroughly and divide into 200 pills or pastilles. Each pastille will contain 1-333 of a grain of glonoine. He uses it in angina and as a diuretic.

URETHRAN IN TRAUMATIC TETANUS.—Dr. I. C. Carlisle says (*Cleveland Medical Journal*), in a case of traumatic tetanus after using large doses of potassium bromide and chloral hydrate, I decided to use the recently discovered urethran. He commenced with two grains hypodermatically, dissolved in water. At the second hour four grains more were administered, and before thirty minutes more had elapsed, it was apparent that the convulsive movements were less marked. Following the fourth hypodermic there was no longer room for doubt as to the effects of urethran upon the exalted reflex functions of the cord. The tonic spasm became clonic in character. Although the patient died, the doctor thinks this drug deserves further trial in this stubborn and dangerous disease.

**ICE POULTICE.**—Spread a layer of linseed meal  $\frac{3}{4}$  of an inch deep on a cloth of proper size, and put pieces of ice the size of a marble on the meal at intervals of an inch; then sprinkle lightly with the meal; cover with a cloth and turn over the edges; apply the thick surface to the skin. The meal protects the skin and excludes the air from the ice, thus preventing melting.—*Technics.*

**MALTO-VIBURNIN.**—Malto-Viburnin will be found a most effectual remedy in all cases of painful and excessive menstruation, and we are confident is far superior to any preparation hitherto available for these distressing complaints.

**VIBURNUM PRUNIFOLIUM** (from which we extract the active principle Viburnin) has an established reputation in controlling dysmenorrhœa and uterine contractions, and by combining it with Maltine and hops we largely increase its tonic and sedative effects.—*Maltine Mf'g Co.*

**TO ABORT BOILS.**—*R.* Calcii sulphidii, grs. iv.; sachari alba, grs. xx. *M.* et fiat chartulæ, xx. *Sig.* Take a powder every three or four hours.

**CHLORAL HYDRATE AS A VESICANT.**—Dr. Ivanoski recommends chloral hydrate as a vesicating material. He takes a piece of adhesive plaster and puts in the centre of it some powdered chloral, taking care to leave an uncovered margin. The plaster is then held over a flame until the chloral is melted, and is then applied to the previously oiled skin. In from ten to fifteen minutes a large blister will be formed, at the expense to the patient of only a slight burning sensation. The chloral should not be allowed to remain in contact with the skin longer than fifteen minutes, as there is then danger of causing ulceration.—*Medical Record.*

**ADMINISTRATION OF PARALDEHYDE.**—Dr. R. G. Eccles recommends the following as being the least disagreeable way of administering paraldehyde: *R.* Paraldehyde, almond oil, āā., ʒij.; chloroform, gtt. x.; oil of cinnamon, gtt. ij. One half to be taken at bedtime, and the remainder during the night, if required. He states that it agreed with the stomach, and would often settle one that was unsettled. It could be taken undiluted.—*N. Y. Med. Jour.*, Dec. 25, 1886.

# THE AMERICAN MEDICAL JOURNAL

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E. YOUNKIN, M. D., - EDITOR AND PUBLISHER.

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases  
specially invited.

The Editor does not hold himself responsible for the views of Authors,  
and reserves the right to condense lengthy articles.

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## EDITORIAL.

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### SCIENCE VERSUS STRATEGY.

There are some things in medicine and surgery that are easily done at times but not so easily at others. A little shrewdness in giving placebos in diseases self-curative, will often win the palm. An ignorant pretender may thus often indulge in his scheme and pass along for a time without an exposure. Possessing a reasonable degree of sagacity, he may shield many of his mishaps. If he is successful in letting nature take its course she will often rise and crown him with her honors.

This goal once obtained is the height of many an ambition. The ignorant midwife, who oftentimes cannot say her letters, may yet possess many artful devices to gain a patronage. She proffers to work much cheaper than the skilled physician, she will dress and wash the baby, sweep the house, cook the meal, and even tumble up the feathers. She tells of the many cases she has done, and how successfully she managed, so well indeed, that surely here we shall have no trouble. In one thing she has been shrewd, and that is to watch and pray for a successful issue, and thus she works from case to case, getting along well where help is not required. Her reputation grows from day to day, from cases that could do as well without her, until she fills herself with fustian. Now a case or two, though rare they be, compared with the number of her previous engagements, turns out badly. It is here where skill is needed, but these, too few in number to break upon her previous reputation, and some doctor friend, upon whom she has had her eye, comes too late, perhaps, to save the babe, but none too late to save the midwife's reputation. A little help just now and then is all that is required. The patient or the doctor may be no better off, but the midwife got what she desired.

On meeting a physician the other day, after passing the usual civilities, the doctor remarked: "Business is a little dull, but I am about worn out; I think I never was so tired in my life." Upon inquiring as to the cause of this weariness, he said: "I have been trying to reduce a dislocation of a man's shoulder joint, and I never pulled harder and worried more in my life." "Well, doctor, did you succeed?" "Oh, yes; after sending for Dr. A., and chloroforming, we got it back, but it was a terrible job." "What means did you employ for the reduction?" "Well, we pulled, and pulled in every direction imaginable, and finally we had to fasten on the ropes and pullies and then it wouldn't come, so we took these off, and I went to lift the arm up and just then it snapped into place and I don't know hardly how."

Said I: "Doctor, it seems to me that the reduction was only accidental after all, and that physicians ought to have some scientific method of reducing dislocations. What do you think of the manipulatory method of reducing dislocations?" "Well, I belong to the regular school, and there are many of us now that are dis-

carding that entirely." Right here I discovered that the fellow did not know what he was talking about. The word "manipulatory" was too big a term for him, and I did not care to have a burlesque on any school of medicine. I stated that it was not an uncommon thing, when an accident of this kind happened, for some bystander wholly unskilled in methods of reduction, to take hold and reduce the dislocation, but not knowing anything about the science of reduction he was certain to fail at times. It seems to me that we ought to be able to do more than this, and that if the pathological anatomy of a dislocation is properly before us, if we can know what muscles are holding the bone in its malposition, and what muscles can be brought to our aid in reducing the dislocation, we can reduce our methods to a science, lessen the risk and pain of our patient, and save a good deal of worry and labor upon our part, and at the same time be quite exempt from failures.

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### NERVI NERVORUM PERIPHERICORUM !

According to Dr. Prus, our heading signifies a nervous network of the neurilemma, and he says it ought not to be confounded with other nervi nervorum. We use it here more in an exclamatory sense, expressive of a peculiar tickle along the spine while reading a few extracts from the *Indiana Medical Journal*, made in the annual address before the Huntington County "Regular" Medical Society, by Dr. H. V. Sweringen.

The doctor essays to answer the question, "What kind of physicians are we here to-night?" He answers: "Not allopath physicians, a term invented for us by Hahneman, and yet we make use of many principles generally grouped under that term; we are not hydropaths, and yet we regard water as a most valuable agent and use it freely; \* \* \* we are not electropaths, and yet we believe in electricity when indicated in the treatment of disease; we are not Thompsonians, and yet we do not object to a good dose of red-pepper, lobelia and a steam bath when those remedies are indicated; we are not 'Kneaders,' and yet we indorse Dr. S. Weir Mitchell's treatment in certain cases as a useful adjuvant; we are not 'pneumatic cabinetists,' and yet in some few cases its adoption may be of advantage to the patient; we are not homeopathic physicians, or those who exclude everything but similars and infinitesimal doses, and yet if

there was anything in that system of practice that was true and appealed to reason and ordinary common sense we would gladly accept it."

Nervi nervorum periphericorum ! Brother Sweringen, if you will pause a moment, let us shake. I like this kind of talk, and I hope to hear you through. Now go on and tell us what kind of physicians are we here to-night ? Well, " We are not eclectics so-called, or those who exclude mercurials, arsenic, lead, zinc, etc."

Nervi nervorum periphericorum ! Brother Sweringen, I must give you another shake. I say beware of these fellows that exclude mercurials, arsenic, lead, zinc, etc. I am with you on that. We will use these wherever indicated ; and like you, I have no patience with those who do not.

Excuse the interruption, doctor, but now go on and tell us " what kind of physicians are we here to-night ? " Well, " the whole realm of truth is ours—ours to discover, ours to apply, ours to adopt, ours to enjoy, ours to preserve, ours to transmit."

Nervi nervorum periphericorum ! Say, old chum, let us have another shake—now proceed.

" As a school we entertain no creed, no idea, no doctrine, no theory that has no body to it, no foundation, no common sense."

Good, doctor, good, go on.

" The very moment we discover that any preconceived theory, however dear to us, is erroneous, we drop it instantler."

Amen!! Let us hear more of that, doctor. God bless Dr. Sweringen. " What kind of physicians are we here to-night ? "

Well, call us " old school, regular, allopath, or by any other title that may suit your fancy."

You are correct, doctor ; it don't make much difference what they call us, but I want to hear you on " What kind of physicians are we here to-night ? " Now come right down to the point.

Well, " we are eclectic in the highest, truest and best sense of the term."

Nervi nervorum periphericorum!! Shake. Thank you, Dr. Sweringen. This settles the question. Or, if you prefer, let us be physicians in the highest, truest and best sense of that term, and follow no system but truth.

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### GLANDERS IN MAN.

Dr. W. W. Brooks gives in this issue an interesting account of inoculation of virus from a glandered horse. This is regarded as a dangerous, contagious and infectious disorder, generated sometimes spontaneously in the horse, the ass and mule, and thus peculiarly belongs to equinæ, though capable of being transmitted by inoculation to man.

There seems to be two varieties of the disease, but they are often seen together. In the horse the one variety affects the pituitary membrane, occasioning a profuse discharge from the nostrils with pustular eruption or small tumors, which finally suppurate and ulcerate, attended with constitutional disturbance, such as fever. The other variety, being the same disease, but appearing in papules, pustules and nodules about the legs, lips, face and neck of the horse, sometimes very painful, suppurating and degenerating into foul ulcers.

In man, as in the horse, the symptoms are both constitutional and local. Soon after inoculation the constitution suffers with febrile excitement, loss of sleep, and impairment of the appetite. The patient suffers from chilly sensations and flushes of heat; the bones, muscles and joints feel stiff and sore; the limbs, back and head ache, and there may be swellings in the lymphatic colonies as in the groin, axilla and neck. Temperature runs high, diarrhoea and a typhoid condition is established; the tongue becomes brown and dry, and delirium sets in. With these the mucous membrane of the nose becomes inflamed with pain in the frontal sinuses and soreness in the throat. The face is hot and tumid, with purple spots and a sanguineo-purulent discharge from the nostrils, copious, acrid and offensive.

Many cases are on record which show that the disease, though not originating in man, can be readily conveyed to him, and that when once inoculated, the disease can be easily communicated from one human being to another.

The virus may be communicated through the blood, or through the saliva, the urine and the perspiration. The disease has been known to have been conducted from one to the other by wiping the hands and face with cloths that have been used about the affected horse. Bouley inoculated horses with glandular pus and cut out the parts one minute after inoculation, yet the disease rapidly manifested itself.



In the treatment Dr. Brooks seemed to have done all that could be suggested under the circumstances. The treatment must be supporting. Quinine and tincture of the chloride of iron with brandy, are among the most useful remedies; morphia, chloral and bromide of potassium to control pain. Salicylic acid and its soda, with baptisia, play an important part. Tincture of iodine and potass iodide may be employed.

The apartments should be kept well ventilated and attention to the most scrupulous cleanliness. Abscesses evacuated and washed out with sulphate of zinc, chloride of zinc, bichloride of mercury (1-2000), carbolic acid, or packed with boracic acid; strong creosote solutions and solutions of the chlorides have been recommended as injections into the nostrils, and gargles, as also the nitro-muriatic acid. Though, withal, we must say that the treatment in bad cases is extremely unsatisfactory.

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### “CARE IN REPORTING CASES.”

The *Journal of Reconstructives* says “that a correspondent, alluding to some cases recently published in THE AMERICAN MEDICAL JOURNAL, makes the following important suggestion :

Articles produced in medical journals are very potent either for good or evil, especially in cases of emergency. Professional men should bear this fact in mind, and confine themselves to true statements in the description, treatment and result of cases. Whether from a desire to draw comments from others, experienced, thereby receiving valuable instructions, or from a thirst for notoriety by striking awe into the readers with the details of some wonderfully complicated case, the bold and original treatment and happy results, I know not; be that as it may, cases are frequently overdrawn and misrepresented with dire effects.”

We are certainly thankful for a suggestion of this kind and we hope to profit by it; but, in return, might we not suggest to the suggestor that he be a little more careful to tell what he means by the suggestion. People obtuse in intellect are not apt to take anything to heart until it is known wherein they have made false statements, overdrawn, or misrepresented. Critics should exercise “care in reporting cases.” I hope, however, that our correspondents will exercise due care in reporting their cases. While we want brevity, as

suggested in Postal Brief by Dr. Collins, let the statement be sufficiently clear to be well understood, and don't overdraw or misrepresent. It is becoming known that this Journal is not the mouth-piece of a single individual, but of the profession—the *whole* medical profession. Those who don't want to hear from all sources can order us to stop the Journal, for we are going to fight it out on this line.

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## AN UNJUST AND UNGENEROUS INSULT TO PHYSICIANS AND PHARMACISTS.

*Editor of the AMERICAN MEDICAL JOURNAL.*—We want to ask your opinion on the following extract from Dr. E. R. Squibb's paper read before the New York State Medical Association, and published in the January number of the *Ephemeris*, on "The Relations of Physicians to their Medical Supplies."

Dr. Squibb says: "There are a large number of physicians who, for both therapeutics and materia medica, depend largely—if not mainly—upon the traveling salesmen and their pamphlets and lists, and on the advertising pages of the medical journals. The relations of this class to their supplies is most simple and most favorable. They come in very direct and very close contact with the sources of their supplies, and have much less trouble than any other class of artisans. With others smarter, more ingenious and more plausible than they, to think for them, and then to apply vigorous mercantile principles to their wants thus suggested for them, they have the least practicable amount of thinking for themselves to do, in regard to their remedies and the novelties of the day, and therefore, as they argue, more time to think of and study out their cases. To this class the ready-made prescriptions in the form of beautifully colored and coated pills, or palatable solutions and mixtures, do not appeal simply as gratifying various degrees of laziness, or indisposition to think for themselves, but they present themselves as true labor-saving devices, skillfully prepared for the overworked ability to use them, and as giving more time for the higher and more scientific reaches of the profession."

We trust the importance of the principle at stake will lead you to notice this insult upon the intelligence of physicians.

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The tendency of such articles as this is obviously to ridicule physicians who look to the advertising pages of medical journals for information regarding medical preparations.

Dr. Squibb also seeks to create the impression that the advertising pages of medical journals are not the proper channels for manufacturers of medicines to use for conveying to physicians information regarding their products. He thus directly strikes a blow at the rights of manufacturers and at the legitimate source of income to medical journals, which we think should not be submitted to without protest.

The doctor is evidently seeking to gore somebody, and, if we can understand his language, the thrust is aimed at physicians, pharmacists and editors; and, as to medical journals, we never thought but that they were entirely proper mediums of communication between the manufacturer and the physician.

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#### ON ANTISEPTICS WE SEEM TO DIFFER.

In the *E. M. Journal*, of February, is an article on the "*Status of Microbes Surgically Considered*," by Professor A. J. Howe, M. D.

We always like the terse style of the professor, and on the subject of microbes we believe he is in the main correct. Outside, however, of the microbial theory we have more use for antiseptics than he. We use them more to prevent decomposition of organic fluids than to destroy microbes, which we are inclined to think are generally innocent.

Dr. Howe asserts that "a state of sepsis cannot be freshened or sweetened by the use of those agents which delay the putrefactive process." We take this proposition to be a little bold. We sprinkle salt on meat to prevent decomposition, and we are told that the professor is peculiarly fond of the savory ham, and pickled pork. We wonder how he would take to an old ham, in mid-summer, without the briny antiseptic? Why do we use charcoal on fetid and gangrenous parts? The answer is, to sweeten the fluid, and to retard decomposition. It will not do to pick out one or two antiseptics, show their imperfections, and sweep the rest by wholesale. Perhaps this is the way St. Patrick killed all the snakes in Ireland, but in our country snakes don't die so readily.

Again, Professor Howe lays down the proposition that "an open wound does better than one which is sealed." The general

teaching on this subject is that a subcutaneous wound has chances of healing more kindly than an open wound. Would the professor have us convert a simple fracture into a compound one? Would he cut the tendons in talipes and torticollis, leaving the wound open? Would he leave the abdominal walls unsealed in laparotomy? I expect to hear next the theory advanced that canned fruit keeps better when the top is off and the seal broken. But perhaps the doctor don't mean all he says, or that his remarks are to be taken with some unknown reserve.

The processes of repair in the body are based upon the material we call *lymph*. Lymph may be organizable or unorganizable. If the body is strong, vigorous and healthy, the organizable lymph is predominant. If it be weak and feeble, the power of organization weakens in the same ratio. Organizable or plastic lymph is therefore the basis of repair; unorganizable or compuscular lymph resolves into pus and is therefore the basis of purulency. Either of these processes are exceedingly delicate and require the greatest care. The duty of the surgeon is to protect them and aid them. He shields the process of organization to prevent the action of external irritants, and in the first intention this effort is to prevent any retrograde changes. This is accomplished better under the skin, or when the skin is broken under an artificial sealing. It don't matter whether we believe in microbes or not, these are facts well borne out by surgical experience.

In open wounds the unorganizable lymph resolves itself into pus, this pus is still in the chain of purposes. As long as it is sweet it is harmonious to the tissues and cannot act as a poison. It tends to shield the granulations and to keep them moist and healthy. One step more and pus takes a downward course, becoming rancid. That which just before was engaged in repair is now a virulent poison.

Here the surgeon stands guarding this delicate element to prevent its disintegration. It is done by antiseptic dressings, by his zinc, by his carbolic acid, by his iodoform, bi-chloride of mercury, etc., and by hermetically sealing, so far as it is in his power. Thus pus is kept pure, and when its purpose is gone, it is carried off by drainage tubes and absorbent cotton. Thus sepsis is prevented, and therefore a closed wound does better than an open one. This is the testimony of nearly the entire surgical world. Who shall inveigh against it?

**BOOK NOTICES.**

**THE ECLECTIC FAMILY PHYSICIAN.** — By John M. Scudder, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute; Author of the "Eclectic Practice of Medicine;" "Diseases of Women and Children;" "Materia Medica and Therapeutics;" "The Principles of Medicine;" "Specific Medication;" "Specific Diagnosis;" "The Reproductive Organs and the Venereal;" "The Use of Inhalations," etc. Twentieth edition. Price, half morocco, \$4.00; leather, \$5.00

The author says: "This work contains all of medicine that a family should know. It is anatomy, physiology, hygiene, practice, materia medica, surgery and obstetrics. It is concise, plain and correct and will not lead to household drugging."

A copy of this work has been sent us for review, and we cannot but give our own convictions. Whilst this book contains much information useful to the common reader and to families, we must express serious doubts as to the propriety of putting such a book upon the market. The author says "the work contains all of medicine that a family should know." We believe this to be a great mistake. "A little knowledge is a dangerous thing;" and this adage is no truer anywhere than in medicine. It is a cunning way of saying, buy my book, and don't buy any other, for this is all you need. Possibly the reader would differ with the author on this proposition. The last sentence in the quotation deserves a notice, viz.: "It is concise, plain and correct, and will not lead to household drugging." The experience the profession has had in books of family practice teaches just to the contrary. Family medicine not only leads to drugging, but this leads to drugging of the most dangerous character. I know little difference between this kind of business and the vending of patent medicines. If authors of such books would confine themselves to innocent drugs, it would not be so bad; still, these are often given by the ignorant, and time taken up in their use until it is too late for the physician to save the case with more potent and better directed drugging.

This book does not stop with the innocent drugs, but places in the hands of the unlearned and unskillful such agents as veratrum, aconite, belladonna, etc., telling little of their power, and telling

that this is all families "should know." We do not believe that these drugs should be given to the ignorant to administer *ad libitum* in any kind of doses. They are too sharp-edged. Again, this book works an injustice to the school of medicine to which its author belongs. It leads to the impression that this is Eclecticism, and to make out his case the author "blows hot and cold at the same time." On page 30, in speaking of calomel, the author says, "we have chosen to discard this agent." In speaking of arsenic (page 31), "we choose to discard this agent because of its dangerous character." Dr. Scudder's own writings teach to the contrary. We can place our finger on the pages where he recommends both mercury and arsenic in the treatment of disease. He that can stick to a hobby-horse that kicks up at both ends is a good rider.

It is true that Eclecticism, at the beginning, inveighed against the indiscriminate use of mercury, and so high rose the smoke of battle, that some thought our distinctive plea rested in a war on mercury and arsenic; but now, in time of peace, we have no trammelled laws to ostracize the medical man who uses these when he chooses. His judgment might be at fault, but knowledge makes him free. It is true that the doses of medicine recommended are usually small, but a teacupful of the compound syrup of hypophosphites, in chlorosis (page 690), is "rather considerable."

To save the reader from thinking this a personal matter, I wish to say, in this connection, that there are none in the profession I think more of than the author of this work. He has done more for the Eclectic school of medicine than any one man, living or dead. I love him for the work he has done and for the good he may yet accomplish. I only regret that he has written this book.

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POCKET MEDICAL FORMULARY, Arranged Therapeutically, by Alexander Hazard, M. D., Bernard M. Goldberg, M. D.; Revised and enlarged by A. S. Gerhard, A. M., M. D. Containing Formulæ and Doses of Hypodermic Medication; Table of Eruptive Fevers; Poisons, their Symptoms, Antidotes and Treatment. Price, \$2.00.

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RESEARCHES INTO THE ETIOLOGY OF DENGUE.—By J. W. McLaughlin, M. D., Read at the Annual Meeting of the American Medical Association and a Reprint from the Journal of the American Medical Association.

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A PRACTICAL TREATISE ON OBSTETRICS. Vol. I. (4 vols.), Anatomy of the Internal and External Genitals, Physiological Phenomena (Menstruation and Fecundation). By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. I. of the "Cyclopedia of Obstetrics and Gynecology" (12 vols.), issued monthly during 1887. New York: William Wood & Co. Price not stated.

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I am so well pleased with its arrangement that you may send me a book by express.—Dr. Wm. A. Elder, Bloomington, Ills.

The book has many features to recommend it ; "it is good."—Dr. A. B. Shaw, St. Louis.

Thanks for your remembering me ; the arrangement is the best.—Dr. O. J. Howard, West McHenry, Ill.

I think favorably of your book ; send me one by express.—Dr. Jacob Geiger, Dean of Faculty St. Joe, Mo., Med. College.

I am using your book, and think highly of it.—Dr. Chas. H. Dixon, St. Louis, Mo.

A very complete, reliable and useful book.—Dr. J. R. Lemen, St. Louis, Mo.

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## NOTES AND PERSONALS.

THERE are about one hundred insane Chinamen in California.

A RECENT estimate shows that about one-fourth of the population of New York, Boston and London receive free treatment at the medical clinics ; in Philadelphia one-fifth, and in Liverpool over one-half the population.

A YOUNG girl was found dead in the streets of Paris ; death was caused by lumbricoid worms impacting the larynx through an effort at vomiting.

DR. F. W. MAIN, of Jackson, Mich., says : "I have used, in certain forms of stomach disorders and nervousness, with good results, the crystalline phosphates. I think this article is especially good for that nervousness which comes from smoking.

DR. R. C. CRAWFORD lauds Tongaline for frontal headache.

LLOYD BROTHERS accompany every four-ounce bottle of their specific medicines with an extra cork. The original packages have close-cut corks, and they take it that not every physician's office is supplied with the needed article. Specific medicines are used in small doses and a bottle lasts a long time.

HAVE you read what the Declat Manufacturing Company says about phenic acid, syrup of iodo-phenate and ammonia phenate? Many physicians are now using these preparations with satisfactory results. See advertisement.

THE above is not to be confounded, however, with Tilden's Elixir Iodo Bromide of Calcium Compound, the use of which may be seen in the advertisement of Tilden & Co.

"THE determinedly faithful can live on faith and a little victuals."  
—*Howe.*

IN MEMORIAM—Karl Schroeder, Professor of Gynecology and Obstetrics, at the University of Berlin, died after a short illness on February 7th last.

Just as we are going to press, we learn incidentally that Dr. W. S. Bain, of Caddo Mills, Texas, of whom our readers became familiar by his writings, died recently of pneumonia.

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### PERISCOPE.

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BONE-GRAFTING.—At a recent meeting of the Société des Science Medicales of Lyons (*Lyon Medical*, September 26, 1886), Professor Poncet related a very interesting case of bone-grafting which he had had under his observation for about three months, the successful termination of which opens another field for the operation of the modern therapeutical method of the transplantation of tissues.

The observation was briefly as follows: A boy, eleven years old, suffered from extensive necrosis of the lower epiphysis and the diaphysis of the tibia, for which an operation had been performed, all the necrotic portion having been removed. The periosteum remained more or less altered in the upper part, but below it was entirely destroyed. Two weeks later, while the wound was granu-

lating nicely, it happened that an active and perfectly healthy infant died in the hospital immediately after birth. About two hours after the infant's death M. Poncet removed some seven or eight little pieces of bone, about three-fourths of an inch long, from the humerus and tibia, near the epiphysis, and placed them in the midst of the granulations on the boy's leg. A week later, it was found that half of the grafts had taken, those which failed being the larger pieces, and at the end of three weeks, four were firmly adherent. At the second attempt, it being impossible to obtain any human bone, a young and rapidly growing kid was taken, and twelve grafts were sliced from its tibia and placed as before in the granulating tissues. Eight or nine of these last remained adherent and were not absorbed. At the time this case was reported, the wound in the boy's leg was nearly entirely healed, and he had a firm, solid tibia.

In making these grafts the author said that it was necessary to take very small bits, not more than one-third of an inch in length, and about two lines in thickness, as his experience showed that larger pieces acted simply as foreign bodies. The grafts are placed deeply within the granulations, a little incision being made in the granulation for their reception.

This observation is unique and interesting, as it is the first one of successful grafting of bone in an osteogenetic region. In the hitherto published cases the osseous grafts disappeared after a time through absorption, but in this instance they persisted and became the centres of a new bone formation. It would seem as though osseous grafts were destined to render important service in cases of extensive solution of continuity in bony tissue, and that by their means many a limb can in the future be saved which would otherwise be weak and useless, owing to imperfect regeneration of the framework.—*New York Med. Rec.*

FIRST EXCISION OF THE SPLEEN IN SPAIN.—The *London Lancet*, Dec., 1886, states that Dr. Ribera recently performed excision of the spleen on a boy of ten years of age, in the Hospital del Nino Jesus, in Madrid. Immediately after the operation syncope came on, and it was with considerable difficulty that the child revived. The next day after the operation death took place. This is the first time the operation has been performed in Spain.

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## *ORIGINAL COMMUNICATIONS.*

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### **PIPERINE.**

BY GEO. COVERT, M. D.

Piperine is a crystalline substance, obtained from piper nigrum.

The piperine of commerce is of a light yellow or straw color, with a somewhat warm, pungent taste. I look upon it as a valuable auxiliary in the treatment of many diseases, it being a reliable capillary stimulant. It is less irritating to the mucous membrane and enters more readily into the circulation than capsicum, and can, therefore, be often used when the latter would not be tolerated. The indications for its use are local congestions and inflammations, and whenever a capillary stimulant is indicated.

Locally, in tinea capitis and ill-conditioned sores, rubbed into vaseline, in proportion of 5 to 10 grains to the dram.

As a gargle, in diphtheritic and putrid sore throat, in combination with salt, vinegar and hydrastis.

In the summer diarrhea of children, in combination with neutral cordial or gum arabic water.

In cases of dyspepsia, with strychnine, viz.: Strychnine, gr. j.; piperine, gr. xx.; ext. cascara, 3j.; hydrastis, q. s. for pill mass. Make 60 pills. The above is a very valuable pill when there is torpor of the digestive organs.

In hæmorrhages, it has invariably promptly arrested them.

In intermittent fevers, I have used it to advantage in combination with quinia, as being better tolerated than capsicum. A smaller dose of quinia thus serves to break the periodicity.

In local congestions, I find it valuable; and in pneumonia it is my sheet-anchor, so to speak. Not long since, a physician told me that he believed he had saved the life of a patient suffering from congestion of the brain, through following my suggestion and using piperine. Another old practitioner had a case of double pneumonia, and thought death must supervene. I advised piperine, and he saved his patient.

In the treatment of pneumonia, I give the piperine every four hours, in doses ranging from one-fourth to one and one-half grains, according to age and condition; usually combine it with camphorated Doveri; occasionally with asclepedin, when it seems indicated. To adults I give it in capsules or wafers; to children in glycyrrhiza, elixir, or yerba santa syrup. By using milk diet and mucilaginous drinks—such as slippery elm, flax-seed, gum arabic, etc.—there will be no irritation of the stomach. Auxiliaries are employed—mustard poultice, mush jacket, or, for children, linseed meal poultice. When necessary, expectorants are used, in addition.

As soon as proper, piperine is combined with tonics—berberine, salicine or even quinine. Stimulants I do not often use. By employing special sedatives at the commencement of the disease, either aconite or veratrum viride combined with belladonna, and with the above treatment, I have succeeded in aborting the disease in a majority of cases. My mortality is less than 1 per cent.

## ABSCESS OF THE SPLEEN.

BY M. M. HAMLIN, M. D.

I see, in April number of JOURNAL, an article by Dr. S. W. Moreland, entitled "Abscess of the Liver," which I read with great interest. I have no criticisms or suggestions to offer; but upon reading his article, I concluded that I would report a case that I had last summer. It is as follows:

Herm. Linnemann, a German, aged 45; had lived on the Bourboise river for twenty years; had "had chills and fever about half the time, and had taken as much quinine as two horses could pull."

He had tried three or four physicians out here, who advised him

to go to St. Louis for treatment; which he did, remaining there at some hospital three weeks, when he was told to go home and put his business in shape; that medicine could do nothing more for him. This was in July, 1886. In August I was sent for, and found him with a temperature of  $102^{\circ}$ ; pulse, 128; respiration, 30 per minute; a decidedly jaundiced skin, with, in afternoons, a red flush over right cheek; no appetite; no sleep. He said he had been troubled with "ague cake" for years. Upon examination, I found a large tumor, which seemed to push the lower ribs of left side outwards to a considerable extent, and extended downward to about one inch and a half below the umbilicus. On left side of it, however, and from umbilicus to spinal lumbar region, I detected fluctuation. Proposed an operation, but as I would not insure his life he would not have the operation done. I had neglected to say that he had considerable cough, but no expectoration. I gave him: *R.* Fl. ex. aconite root, gtts. xx.; fl. ex. ipecac, gtts. xxx; brown sugar, two tablespoonfuls; aqua,  $\mathfrak{z}$ jv. *M. S.* Teaspoonful every hour that day, up to midnight; 15 grains of quinia sulph. to be given each morning. Told them I would not return until sent for. Also informed the family that nothing but an operation would avail him good.

Four days after, August 11th, was again called. Condition greatly improved; temp.,  $99\frac{1}{2}^{\circ}$ ; pulse, 116; resp., 24 per minute; slept tolerably well the last two nights. Introduced my hypodermic needle, at a point midway between lower border of ribs and crest of illium, and drew off the instrument full of a very offensive greenish-looking pus. I also determined that the walls of tumor had adhered to the abdominal walls. Again I asked for an operation, again to be refused. The family stating that if I would take the reponsibility of the operation I could do so, I told them that I was only reponsible for the work done, not for the man's life. I left. Was sent for again, August 13th,. They had concluded to have me do the operation; which I did by putting my knife (Bistoury) into the tumor at the same point that I had used the hypodermic needle. It must have discharged a half gallon of pus. Then, thinking that *q. s.* for one time, gave the patient some brandy, turned him on his right side (the opening was on left), took raw cotton and packed the opening full. I ordered the patient turned on back

four hours after I left, and allow it to discharge about the same amount as before, then stop it same as before, and to do so every four hours until I saw him again next day. Next day his condition was: Temp., 99°; pulse a little quick; otherwise good enough; slept good night before; would laugh and talk, as though nothing had happened; he was hungry. I left, with orders to let me hear from him in two days. He improved for ten days, when a diarrhoea set up, which lasted eight days without the slightest abatement. The matter discharged was exceedingly offensive, which baptisia, phos. pot., etc., would not correct. Tongue was coated with a dirty shining-looking brown, broad and flat. I gave: R. Podoph., gr. j.; sugar milk, grs. x.; carbolic acid, gtt. v. Mix; trit. Made 10 powders; one every three hours. Also ordered 5 grains of quinia sulph., to be taken at six, eight and ten o'clock of each day. The diarrhoea checked up nicely. The opening into tumor continued to discharge for eight weeks; healed up kindly, almost without a scar. He got well; rode around every day, riding as far as eight and ten miles in a single day; slept well; good appetite; weighed as much as he did prior to this attack. About middle of December, he left home early in morning and went to town, returning about 5 P. M., did his own feeding, etc., ate a hearty supper, smoked his pipe, and went to bed about usual time, feeling real well. Slept well, until about 12 o'clock, when he awoke, said he felt sick, and vomited shortly afterward, and was a corpse at 2 o'clock same night.

Now, what was the immediate cause of death? Was it embolism? There was no evidence of heart trouble to be detected the last time I examined him, October 13th, 1886. Any remarks, gentlemen?

## PSEUDO-MEMBRANOUS LARYNGITIS.

BY JOHN H. FARRIS, M. D.

February 14th, 1885, I was called in haste to see Maud Dennis, F. M., aged three years and two months. When I arrived I found the little sufferer with eyes closed, face flushed, temperature 101°, pulse 120. I spoke to her, and she awakened from what seemed to be a troubled, dreamy sleep. I asked if anything hurt her, and she answered in a very harsh voice, saying that her throat hurt. She coughed a few times, and the cough was very croupous in character. On examining the throat, I found the fauces considerably congested

and the larynx inflamed. I diagnosed the case as one of spasmodic laryngitis and began treatment.

I called again the morning of the 15th, and found the patient with temperature 103°, pulse 128. Her voice and cough were both very feeble; there was a degree of sonorousness present, so peculiar to spasmodic laryngitis. She was very restless, wore an anxious expression, and wanted to be moved from one bed to another. The post-clavicular, infra-clavicular, supra-sternal, and infra-mammary regions were depressed by each inspiration, and the larynx was drawn towards the sternum by each inspiration. Further examination revealed the fauces to be swollen, and patches of pseudo-membrane were visible on both tonsils; there was a considerable amount of membrane (pseudo) in the larynx. It now appeared to my mind that I had a severe case of pseudo-membranous laryngitis, with dangerous laryngeal stenosis. I had before this seen a number of cases of membranous croup, but not a case, in my knowledge, had recovered. (It may be that some of them would have recovered had their parents consented in time to tracheotomy.)

In the case under consideration, I got the consent of my mind to administer therapeutical agents differing from what I had used in other cases, knowing that if I accomplished anything in this case, I would have to do something at once (still, I had but little confidence in what I was going to do). I commenced treatment by giving the patient a hot foot-bath, placed a hot hop-poultice over its neck and upper part of chest. Took: *R.* Acid. carbol.,  $\text{f}\text{ʒiij.}$ ; tr. iodine,  $\text{f}\text{ʒv.}$ ; aquæ font.,  $\text{ʒiv.}$  M. S. I then made a swab by taking absorbent cotton and placing it around one end of a small stick, and applied this mixture over the pseudo-membrane as far down as I could without injury to the structures. I applied this to the membrane at intervals varying from fifteen minutes to one hour, being careful all the time not to touch the normal structures, feeling quite sure that it could do my patient no harm if I kept only on the pseudo-membrane. I stayed with the child and applied the medicine myself for four hours, and gave internally: *R.* Kali. iod.,  $\text{ʒss.}$ ; tr. aconite rad.,  $m. x.$ ; syr. pruni. virg.  $\text{ʒiv.}$ ; aquæ font.,  $\text{ʒij.}$  M. S. 40 drops every three hours.

By this time the patient was resting some better, and did not wear so anxious an expression; respiration not so frequent, but



labored and difficult. I gave her an enema, 5 grains of chloral in solution, and retired, leaving word for them to call me if anything unusual in the case took place. I soon sank into a deep sleep, and did not awake until 5 A. M., the 16th. I went into the room where the child was, and found it in a deep sleep, from which it had not been awakened since 2 A. M. There was considerable dyspnœa, but not so distressing as the night before. She soon awoke, and I then gave her some nourishment of a semi-solid character, to which I added some aqua calcis. Being quite sure that the child was better, and seeing that there had been no new formation of pseudo-membrane, I left the following prescription, to be given every four hours: R. Tr. ferri chlorid., ʒj.; acid. phos. dil., ʒj.; syr. sym., ʒij. M. S. One-half teaspoonful in water every four hours. Had the nurse to give the former prescription every four hours, and to give the two alternately. Told her to apply the carbolic mixture every two to four hours until I returned the next day.

On the day of the 17th I visited patient again, and found it nearly the same as when I left it the day before, except there was scarcely any depression, and there had been no new formation of pseudo-membrane, and the fauces were not badly swollen; but she complained of some one having tied a string around her neck, and having put something down her throat. I examined her throat, and found a piece of membrane as large as my thumb-nail partially detached. I took a small, crooked forceps and removed it; after which she said that she could get her breath better. Left no additional treatment; discontinued aconite.

18th. Visited her again; found considerable detached membrane, and a new formation of membrane on the place where I removed the piece of membrane the day before; removed the detached membrane. No change in the treatment.

19th. Remarkably better; the membrane soft, and more of it detached; the voice less hoarse, and cough more loose; took nourishment frequently.

21st. Still better, and the surroundings bade fair to her recovery; while there she called for her doll, and her voice was nearly natural.

23d. Cough loose; pseudo-membrane detached; no signs of a new formation; mucous membrane very thick. Had them discontinue the acid and iodine application.

26th. Quite peart. Still no sign of a new formation. I now dismissed my patient cautioning her parents to be careful about her going out in the air.

March 6th I happened to be passing the honse, and stopped in to see my patient. She was sitting by the fire playing. There was no longer any thickening and infiltration of the mucous membrane.

Whether my treatment cured the child or not, I cannot say. I do not know whether this treatment is new to any of you or not. If you ever meet with an opportunity, try it, and report through the JOURNAL.

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### A CASE IN PRACTICE.

BY R. L. GALBREATH, M. D.

Several years ago I was called to visit a lady patient, who was suffering from some acute attack, the exact nature of which I do not now remember; but while at the house, the *lady's mother*, an elderly woman, called my attention to an "old sore leg" that had caused her much suffering for many years. She, at considerable length, gave me a history of her case, the summing-up of which was, that "she had suffered many things of many physicians, and was nothing better, but rather grew worse." As the old lady wanted a name for the condition, I pronounced it salt-rheum, which, she said, was the name given it by nearly all the physicians who had seen it. Some of our more technical brethren would probably have said psoriasis inveterata. The entire limb, from the knee down, was involved. I did not, at the time, prescribe for her, but asked her to call at my office, and I would put her up a treatment.

In a week or more thereafter her son-in-law, whose wife I had visited, called, and said that his mother-in-law wanted me to send out another bottle of that same medicine that I had given his wife for her *sore throat*. I made inquiry as to how his wife was getting along. He said that she was all right, and did not need any more medicine, but that her mother wanted the medicine. He went on to say that the old lady's leg would itch and burn so terribly, at times, that she could get no rest, and that in her desperation a few nights past she had taken the bottle of medicine that his wife was using as a throat gargle, and had bathed her limb with it. It gave her relief, and she went to sleep. She had continued to use it till it

was all gone, and she believed that by keeping it up it would cure her limb.

After thinking a few moments, I remembered that I had put up for the sore throat a "saturated solution chlorate potassa." By bathing the limb once or twice per day with this wash, it healed rapidly, and gave her but little, if any more trouble thereafter, so long as I had knowledge of the case, which was two or three years. No internal or systemic treatment was used in this case. The majority of cases will require systemic treatment, and in some cases it is the only course that can be rationally adopted; but since the above experience, my pet topical remedy is chlorate of potassa, and I have had better results from it than from any, or all, other remedies used locally. Has some brother practitioner anything better to offer for the relief of this very annoying and not uncommon condition?

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## FRACTURES OF THE ULNA AND RADIUS.

BY E. YOUNKIN, M. D.

I was called to see D. W., a little boy of 12 years, who had fallen from a tree, and had broken the radius and ulna, near the line of the middle with the upper thirds. At the time of the accident a telephone dispatch was sent to my office, but I was not at home. Something had to be done, hence a physician near by was called in. In a short time I arrived home, and getting the message, I went immediately to the patient. When I arrived I was met at the door by the physician, who informed me that the little boy's arm was "fixed up," and that it was unnecessary for me to go any farther. I did not go in, but turned and went back home. This was in the evening. The next morning I was sent for. The mother stated that as I had been their family physician and surgeon she wanted me to attend the case, and that she had sent the other physician word to that effect. Under the circumstances I consented, and commenced with the case. The dressings did not suit me, and I began to remove them. The arm was put up in plaster-of-Paris. The elbow joint was free; the arm around the fracture was encased with a plaster bandage an inch in thickness; it was wrapped so as to form the shape of an egg. As I cut through the plaster I found another bandage beneath, without plaster, and wrapped many times

around the bones; no cotton, nor boards, nor any other dressing. The broken bones were drawn together, and had it been allowed to heal in this way, the boy would inevitably have been a cripple for life. I think plaster-of-Paris on fractured bones of the forearm, without other splints, is a mischievous dressing. I dressed this arm in the following manner: I put on a right-angle splint, anteriorly, thus fixing the elbow joint. In all fractures I make it a rule to fix the adjacent joint. I put the splint, as a rule, in fractures of the bones of the forearm, on the palmar aspect. In fractures of the condyles of the humerus the splint is placed posteriorly. On the opposite side I have splints to hold the pressure of the bandages, but not fast at the elbow. The splints on the forearm I made *wider* than the arm; the object of this is that the bandages may not encroach upon the bones and crowd them together. I have my splints *flat*, not in a trough-shape. By having them flat, it does not necessitate putting compresses beneath, to crowd the bones apart. Compresses are nuisances. The flat splint crowds the muscles between the bones sufficiently to press the bones outward, and the splints being wider than the arm, there is nothing to interfere. In length the splints were made to reach to the fingers. After placing a layer of cotton wool around the arm I applied the splints, and with a few transverse strips tied in double-bow knots I secured the splints to the arm, the hand resting in a supine position. In children, I sometimes surround the splints with a plaster-of-Paris roller, one or two thicknesses only. No harm can thus be done with plaster, and it holds the splints firmly where children are liable to remove them.

In fractures of the radius between the insertion of the pronator-radii-teres and the insertion of the biceps, I always make the hand assume the supine position. When the bone is broken between these two insertions the upper fragment rotates outwards, while the lower fragment rotates inwards. The supine position of the hand corrects this; and when the bones are united, the rotatory action of the hand is perfect, otherwise this action is interfered with. In fractures below the pronator-radii-teres, the semi-prone position is the right one. Here the elbow need not be fixed, but the wrist. The other elements are the same.

In *Colles fracture* I do not use the pistol-shaped splint, and

only a palmar splint is required. This splint should reach only to the roots of the fingers. Never dress a Colles fracture, or any other fracture near the wrist, with a splint reaching to the tips of the fingers. Leave the fingers free to move at the will of the patient. If they are held fast, the flexor and extensor tendons are liable to be tied fast by adhesions, thus leaving the fingers stiff and useless afterwards. The movement of the fingers does not hurt anything, and their free action is thus preserved. I never have this trouble with Colles fracture.

In all injuries about the wrist, where doubt exists as to the diagnosis, give your patient the benefit of the doubt, and treat it as a fracture, and thus you are on the safe side. If you treat a fracture with liniments, thinking it is a sprain, it gradually grows worse on your hands.

Fractures of the ulna may be treated pretty much the same way, but these precautions need not be so great, except that the splint should be wider than the arm. We sum up the essentials thus:

1. Fix the adjacent joint.
2. Make the splints wider than the arm.
3. Never use plaster-of-Paris on the bones of the forearm without other splints.
4. Use transverse strips and double-bow knots in preference to the roller bandage.
5. In fractures near the wrist leave the fingers free, and use a single palmar splint.

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## GONORRHŒAL INFECTION IN WOMAN AND LEUCORRHŒAL AFFECTIONS.\*

BY J. A. JEANCON, M. D.

It is a well-established fact that the mucous membrane of the genito-urinary organs of the female is liable to be affected with a form of catarrhal inflammation, of a specific infectious character, which is identical in its course, termination and contagious nature with gonorrhœal diseases in the male organs. But the frequency of discharges from the female organs (generalized under the name of leucorrhœa) which are not infectious often obscures the symptoms

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\*We take this article from a pamphlet published by the author.

and conceals the presence of gonorrhœa in a woman. As a rule, any discharge from the male organs is speedily noticed, and medical aid applied for by persons thus affected. The cause of such discharge is readily suspected, and as readily ascertained, that is: an infectious coitus having taken place shortly before its appearance. Nor is it necessary that the physician should inform the male patient of the origin of his disease. As a rule, the patient very readily guesses it himself when he applies for medical treatment. Not so woman. As a rule, she not only does not suspect the origin of her affection, but usually is utterly ignorant of the existence of such lesions, and especially their symptoms and significance. Consequently, not only the discharge, but also the concomitant symptoms, such as pain, burning sensation, etc., are looked upon as something which may befall any woman; and instead of speedily applying for medical assistance, the pains will be borne with great fortitude and resignation, but not revealed even to most intimate relations or friends, and the disease is allowed to run its course headlong. The natural modesty, the ignorance of most women on the subject, the frequency of leucorrhœal discharges, are not the only causes of her unwillingness to apply for help, but the fact that gonorrhœal infection is, in the beginning, never so intense in its action upon vulval and vaginous mucous surfaces as upon the very fine epithelial structure of the male urethra. It takes very often weeks, sometimes months, before she becomes aware that the purulent discharge, which in the long run becomes annoying and often unbearable to her patient nature, comes from the urethra. Only when she becomes aware does she experience alarm, and generally applies for advice, not to the physician, but to some elderly woman, who is as ignorant of the matter as she is herself, and the advice she obtains is—to continue to bear the disagreeable ailment. “My dear,” says the old lady, “all women must have discharges from those organs; it helps to clear the body of its impurities; if you did not have them, it would kill you by their remaining in the body.” This answer is not taken from the air, but is correctly reported to the writer by one of his inexperienced patients as an answer to the query on the subject, made of an old woman who had ten children. The result of such a consultation is neglect of the ailment—a let it go as it will—and the end is a bad case of latent gonorrhœa.

A disagreeable and annoying case to the physician; one often fraught with danger to the patient.

The lining membrane of the vagina and vulva is not a true mucous structure, but only a finer and modified variety of epidermis, made up of many layers of pavement epithelium. The thickness of these layers increases the invulnerable quality of the organs; the infectious agency cannot very readily penetrate beneath these into the parenchyma of the membrane. Besides, the acid secretion of the surface of that cavity is not favorable to the development of the gonococci, the specific virus of the contagion. The inflammation appears at once in the urethra, and from there spreads upon the vulva and into the vagina, and only ultimately into the uterine and tubal cavities. If the patient would notice the symptoms in the early stages (which are some burning pain in urination, often with a sensation as if the urine was scalding hot, also a desire to frequently pass the liquid, but prevented by a cramping sensation that hinders its free flow), and would use the necessary treatment, she would save herself a great deal of suffering, and often prevent very, very much mischief that follows the infection.

Yet, such is seldom the case. Just the class of women exposed to this infection, I mean public females, and that other class of clandestine prostitution so prevalent in large cities, acquire, by their very frequent commission of the sexual act, such singular immunity from gonorrhœal infection that they seldom need any medical assistance, unless they are, by uncleanness, dissipation, or other morbid causes, injured and reduced in health. The acid secretion of the vaginal cavity, increased in great quantity by the very frequent coition, acts as an antidote to the virus. The tissues of those passages themselves become hypertrophic, and hence more resistant to the infection.

Not so the unblemished woman who marries a man who has either not completely recovered from an attack of blenorrhagia, or has just recovered, but is still liable to a return of the ailment. Such a one (and the healthiest most) is liable to become very readily infected. The innocent woman is ignorant of what happened to her; is often too bashful to speak to her husband about it; he often does not think, or does not choose to think, that he could have become a source of infectious disease to his wife, and thus the

patient carries the result of the morbid virus in her body a long time, and generally long enough to affect the uterus and the tubes, before she becomes aware of the nature of her lesion, which gradually saps her vitality and makes a wreck of her life. It usually happens that when the woman at last applies to her family physician for relief, he, knowing her to be a woman above suspicion, considers the exhaustive discharge as a bad case of leucorrhœa, treats her for it, and—does not cure her. He generally does not think that whilst the woman is all right, the man may either not be all right, or was not all right. A thorough examination, and the history of such cases, are seldom made and inquired into by the average family physician. A dislike to prying into secrets or private matters of the family on the part of the physician, an overdose of modesty on the part of the patient, usually no suspicion on the part of either as to the origin of the disease and of the source of the infection, keep both in utter ignorance of the nature of the case. The results of blenorrhagic infection in woman are: repeated—often obstinate—attacks of cystitis and cysto-urethritis. Later on, extensive catarrhal phenomena in the whole sexual apparatus will appear, dysmenorrhœa, and very often sterility; or, when this does not exist, the offspring will be affected with infantile purulent ophthalmia, or other catarrhal affections; such children, now and then, are termed scrofulous.

The treatment in the early stage of the disease in woman is simple. It consists in the use of pure astringents, locally applied. Warm water irrigation comes here into the best play imaginable. Cauterization of the meatus urinarius made once, and perhaps twice, with subsequent application of cocaine to the urethra, not only mitigates the tenesmus of the passage, but usually arrests the catarrhal process in the beginning. Intra-urethral injections of very warm water and a ten per cent. solution of Lloyd's hydrastis, once or twice daily, is singularly efficacious. A fifteen per cent., or even a twenty per cent., solution of Lloyd's hydrastis, added to a two per cent. solution of alum, makes a most excellent injection into the vaginal cavity and a superior lotion for the vulvar surfaces; internally, tincture arbor vitæ, with some emulsive liquid, is usually all that is required to bring the inflammation to a speedy end. Of course, cleanliness and the very best hygienic regime are absolutely necessary.



*Leucorrhœa.*—The term leucorrhœa has been applied to a variety of discharges from the female genital apparatus; discharges which often have, neither anatomically, chemically, nor even clinically, anything in common with one another. The term is on a par with many very indefinite and misapplied terms in the science of medicine. The whole genital apparatus is lined with a mucous or a quasi mucous membrane, the function of which is to produce, more or less steadily, a quantity of secretion containing more or less albuminates. It happens that when the glandular structures in that tissue are irritated they pour out a far greater quantity of secretions (at times enormous quantities), which constitute a very severe drain upon the circulation of those organs and are liable to exhaust the patient. As all the passages of the genital apparatus have one common outlet externally, the augmented secretion of the one mixing with even the normal secretions of the rest may be confounded in their passage outward, and give rise to confusion of ideas of the clinical character of the ailment that produces these discharges. It is, therefore, necessary to differentiate their anatomical character for proper diagnosis. The vulvar surfaces, as well as the vaginal, are lined by a modified cutaneous structure.

There are very many glands on the vulvar, and but very few, and in some places none, on the vaginal surface. The discharge from the vulva may, therefore, contain not only debris of epithelial forms, but also contents of the glands—fatty matter, sebaceous material, cholestrine crystals, fatty acids and lymphoid cells; in fact, far more corpuscular elements than any other discharge, and of a more or less rancid odor.

Vaginal secretion proper is of a distinct acid reaction, often highly acid, contains few corpuscular elements, a few epidermoid pavement cells and very many algæ. In old vaginal discharges vegetable and animal parasites abound. Albuminates, when the mucous surface is not ulcerated, are not in abundant quantities. In fact, but a small quantity of solid substances are contained therein.

When mixed with pus or much fibrin, as found in ulcerated vaginitis or in the croupous form, the discharge is milky or even of creamy consistence and white; otherwise, when mixed with secretions from the cervix, it is transparent and neutral or even alkaline. The secretion collects sometimes in the cavity, and then the dis-

charge has an intermittent form. In some cases of pregnancy the discharge is almost continuous. It is never viscous, sticky nor glutinous.

When there is an admixture of decomposed blood or putrid pus it is of a greenish cast. There is, under such circumstances, much pain and burning, often straining, both in the vaginal and vesical openings. In severe cases of ulceration in the vagina the discharge is very acrid, producing not only burning pain, but also itching, in the external organs; now and then intertrigo and acne of the labia.

It imparts round spots to the body linen, almost colorless, and on drying they become stiff, as if saturated with starch. In suppurative or hemorrhagic discharges the spots, of course, are more or less colored.

Vaginal leucorrhœa sometimes extends to the cervix, and then the nature of the hypersecretion is modified. Lighter forms of vaginal leucorrhœa never extend to the uterus. Both vulvar and vaginal leucorrhœa are very common in all ages of the woman's life.

Uterine leucorrhœa seldom exists in children, is more frequent in chlorotic young women and in pregnancy of both younger and older women. Many women suffer from uterine leucorrhœa shortly before and after the menstrual period. This is usually caused by irritation from inflammation or even hyperæmia in the organ.

Polypus, fibroids, often simple granulations or ulcers, may give rise to uterine leucorrhœa. In this form there is usually a sensation of heaviness, and generally pain in the sacral and lumbar regions, extending now and then to the hypogastrium. In deep ulcerations of the uterine or cervical cavities there are lancinating or burning pains, with tenesmus, especially in the act of expulsion of the discharge from the cavity. This expulsion is of an intermittent character, even if the external orifice is wide open. The secretion is very viscid, and does not readily escape through the orifice, unless after a quantity of it has been accumulated in the cavity, and a very powerful contraction of the uterus expels it; then it escapes by its own weight. Small quantities adhere to the mucous surface.

The discharge is either transparent, like raw white of egg, or in coagulated pieces, like boiled white, and often yellowish, ropy, highly viscid, sticking to the cervical walls. Now and then, when

mixed with pus, it is green. It contains great quantities of pus and fibrin. It produces a circular spot upon the body linen, with well-defined outlines. It stains it usually yellow or green. When there is much secretion in the vaginal cavity, the uterine discharge loses its glutinous character, becomes thin and readily flows.

The uterine discharge is distinctly alkaline, which clearly distinguishes it from vaginal hypersecretions. In the first are usually found remnants of the cylindrical cells of the true mucous membrane of the uterus.

There is every reason to believe that in many cases of catarrhal salpingitis a quantity of liquid, produced by hypersecretion of the tubal membrane, is gradually driven into the uterus and mixes with the uterine mucus. Yet, as this is mostly of a different clinical character from the other forms of leucorrhœa, and requires treatment differing from that necessary in either case, it need not here be dwelt upon at all.

That every form of hypersecretion, or, in other words, that any case of leucorrhœa, is a symptom of an alteration in the mucous structure of those organs is self evident, for a healthy membrane does not secrete more than is necessary to keep its surface moist. Only when the membrane is morbidly affected, either primarily, or as a secondary result from other organic disturbances, is hypersecretion produced. The first cause may remain, or disappear, but the irritation in the mucous structure may persist and hypersecretion continue a long time.

It must reasonably be expected that the treatment of leucorrhœa can not be uniform, for its character varies greatly. When the patient is otherwise in good health, vulvar or vaginal discharges need only local treatment. Irrigation, either often repeated or nearly continuously kept up, with real warm water, containing one-tenth of one per cent. solution of thymol, is sufficient. Three times a day, after properly clearing away all discharge, a fifteen per cent. solution of Lloyd's hydrastis (Lloyd's hydrastis, one fluid ounce; water, seven ounces), at a temperature of 85° or 90°, is injected or applied to the mucous lining of the cavity. In chronic cases, a strong solution of thymol (about a half to one per cent.), and a fifteen per cent. solution of Lloyd's hydrastis, is necessary.

In uterine discharges, after dilating the os, five to ten drops of the

Lloyd's hydrastis is itself injected into the uterine cavity and allowed to be absorbed. Any colic produced by the injection is relieved by applying a few drops of a four per cent. solution of cocaine to the cervix or to the lining of its canal. As the uterine mucus adheres tenaciously to the cervical wall, it should be removed from the cervix, and then the Lloyd's hydrastis applied.

In vulvar catarrh, the undiluted Lloyd's hydrastis should be applied with a brush. This will soon produce a speedy disappearance of the discharge. Uterine discharges often require surgical aid, besides constitutional treatment.

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## ACUTE TONSILLITIS.

BY JOHN. A. HENNING, M. D.

Tonsillitis is a very common disease, especially in the spring of the year. It is ushered in by chilly sensations, sometimes amounting to a decided chill, which is followed by febrile excitement. Now the patient complains of a sore throat, and upon close examination, pressing the tongue down, the tonsils will be enlarged and inflamed; in fact, the inflammation extends to the pharynx, palate of the arch and uvula. Externally, the parotid, submaxillary and lymphatic glands are indurated, and the surrounding tissue becomes œdematous. In a few days all the above symptoms increase rapidly, febrile excitement running pretty high; deglutition becomes very difficult, if not, in some cases, almost suspended. If the disease is not arrested at the end of six or seven days, according to the laws of inflammation, suppuration forms in one or both tonsils, and when the tonsil either breaks open or is lanced the patient gets better, and may get entirely well; though, more often, it leaves enlarged tonsils in a chronic form. Some patients are subject to frequent attacks of "quinsy."

The treatment for the first few days I usually prescribe: *R.* Fl. ext. aconite, gtts. x.; fl. ext. belladonna, gtts. x.; phytolacca, gtts. xx.; aqua, ℥iv. Mix. Dose a teaspoonful every one or two hours. If the bowels are torpid, I give a mild cathartic of rhei et potassa, or the improved comp. cathartic pil., or fl. ext. cascara sagrada. If the urine or skin are somewhat suppressed, would prescribe: *R.* Sweet spts. nitre, ℥ij.; fl. ext. pleurisy root, ℥ij.; aqua, ℥ij. *M. S.* A teaspoonful every two to four hours.

Externally, I always prescribe the volatile liniment, or equal parts of aqua ammonia, sweet oil and turpentine. Sometimes a warm sponge bath may be indicated. These doses are for adults; children, in proportion to age. This treatment will arrest the disease in a few days in all cases, providing the treatment is commenced in a reasonable time. But if the disease runs five to seven days without proper treatment, suppuration forms in one or both tonsils; then the abortive treatment is useless. It is our duty then to hasten suppuration; a hop poultice, made with hot water and vinegar, placed around the throat is excellent.

If the process is slow after suppuration has commenced, and the patient cannot swallow even water, I usually lance one or both tonsils. My method is to place corks between the teeth, then, pressing down the tongue, one or both tonsils are quickly and easily opened with the bistoury.

After a discharge of matter, the patient gets immediate relief; now a restorative treatment is indicated. But we must teach our patients, as far as we can, to never let the disease run to the suppurative stage, as the treatment above recommended will arrest it, if enacted early in the disease.

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### POSTAL BRIEFS.

**IMPERFORATE HYMEN.**—Miss J., aged 17 years, had never menstruated. Her abdomen became much swollen and hard. Suffered much at times with pain in the head, back and abdomen. Upon examination, the hymen was found to be imperforate, with some fluctuation. A crucial incision was made in this membrane, and a dark thick fluid passed, to the amount of about a gallon. A speculum was then introduced, weekly, for two months, to prevent adhesions. She finally married, and now has children. This is the only case of imperforate hymen I ever met with. A. H. NORMAN, M. D.

**INSTANTANEOUS CURE OF A DEAF MUTE.**—An individual claiming to be perfectly deaf plied the town of Martinsville, Ill. With his little slate he was asking for contributions from house to house. A suspicion soon rested upon him as a fraud. As he was passing beneath a board shed some party threw a brick, which landed just

above his head. He dropped as if shot, breaking his slate, and yelling as if about to be killed. He had, however, bled many, at the rate of 25 and 50 cents apiece, which he finally spent, indulging in what our people call "fire-water." He then set in to redden the town, but an officer solicited his company, to which he consented.

A. H. N.

**IRRITABLE BOWEL TROUBLES.**—If the doctors will use equal parts of castor oil and pure glycerine, in teaspoonful doses, in these irritable bowel troubles in children, and from three to five drops of spts. of turpentine to the dose, they will be pleased with the effects. Where there is considerable diarrhœa, follow it with large doses of bis. sub-nitrate. In dysentery in the adult, a tablespoonful at a dose every two to four hours, alternated with the bismuth sub-nitrate, in from five to ten doses, and five to seven drops of turpentine. They will lose very few cases. Of course, they must use other remedies, as the sedatives, when indicated. Tr. aconite, gtt. xx.; tr. gelsemium, gtt. xxx.; to aqua, ℥iv. Teaspoonful every one to two hours, as required. I have used the above treatment for six years in my cases of dysentery and cholera infantum, and have not lost in that time one per cent. of my cases. As the season for such complaints is now at hand, I want all that will to try this plan, and report. I have told doctors of my success, but they think it too common for an M. D. Will give my experience on piles soon.

J. C. DUNNINGTON, M. D.

**GATHER YOUR MULLEIN OIL.**—Those who desire to experiment with mullein oil this season, let them gather it themselves. The mullein oil of commerce, I believe, is made from the seeds, but a finer appearing oil can be made from the bloom. When a boy, my father made much use of the oil in diseases of the ears, painful and swollen joints, etc. I disremember all the uses to which he put this article, but can remember how it was prepared. I was sent to the old fields and along the fences, where the mullein grew abundantly. I plucked the yellow flowers, stuffed them into a bottle, and when corked, allowed the bottle to stand in the rays of the sun for a number of days. The oil would drip to the bottom, and was then poured off. Let physicians try it.

EDITOR.

**IODINE IN GLANDERS.**—*Dear Doctor:* In the April number of your journal I read of glanders in man, transmitted by inoculation. One of my horses, a few weeks ago, was affected with the first variety mentioned in your article. I injected into his mouth and nostrils a weak solution of tincture of iodine, and applied it also externally. I fed him on moist wheat bran, and in a few days my valuable horse was all right again. This has led me to think that injections of dilute iodine would be a good remedy for the disease in man. I know that one case is insufficient to prove the value of any drug, but so marked were its effects in this case that I believe it to be worthy of further trial. Of course, constitutional disturbances should be met with other remedies, but even internal administration of tincture of iodine might suggest itself.

F. VON FRANKENSTEIN, M. D.

**CREDIT TO WHOM IT BELONGS.**—*Editor AM. MED. JOURNAL:* The Pulmonic Cordial, found on page 159 of the April JOURNAL, is a formula of the celebrated Dr. Ira Warren, and can be found in his *Family Physician*. It is good. I have used it for several years. I believe in giving credit to whom it belongs.

J. H. FRANK, M. D.

**SYPHILITIC RHEUMATISM.**—*Editor AMERICAN MEDICAL JOURNAL:* As you invite contributions from all sources, allow me to contribute my mite. The following case illustrates the value of iod. potassium in some rheumatic affections:

About one month ago Mr. C. called on me for treatment. Age, 34; farmer. Stated that he had been suffering from rheumatic pains in his legs and ankles for two or three years, and had been treated for it by several doctors—also had taken quantities of patent medicines for it—without relief. The past month the pains became so severe that, after working all day, he could not sleep at night in bed, but lay on the floor, where he could have a little pressure applied just above the ankles. In this way he could sleep a little. Also, that the pains had become so severe that “knots” had come on his shin-bones. He passed the day with a little more comfort than the night, as he suffered more at night. I diagnosed the case of syphilitic origin, and put him on the following: R. Potas. iodid.,  $\mathfrak{z}\text{ij}$ ;

macrotys, ℥j.; aqua, ℥iij. M. S. Teaspoonful every four hours. He returned in ten days with his little bottle, and exclaimed: "Doctor—what have you done for me! you have cured me!! After taking this medicine two days I got easy, and the knots are all gone off my legs. I have had no return of the pains since. Do I need any more medicine?"

I then put him on iodide of arsenicum, with the instructions, if the pains returned, to call and get the first prescription renewed. He has had no return of the disease up to this time, and declares himself cured.

F. W. OWEN, M. D.

EDITOR OF THE AMERICAN MEDICAL JOURNAL:—The "Anatomy Act" was signed this day by the Governor of the State of Missouri.

Respectfully, CHAS. A. TODD, M. D.,  
April 4, 1887. *Chairman of the Committee on Anatomy Act.*

BRONCHOCELE OR GOITRE.—It has fallen to my lot to get a number of the above cases in the last two years. My success has been varied; some cases have yielded readily to the following treatment: R. Collodion, ℥ij.; iodoform, ℥ij. M. S. To be applied three times a day with a soft cloth to the enlarged gland, until the parts become very tender, then omit for a day or two. R. Iodia (Battle & Co.'s), ℥vj. S. Teaspoonful in a swallow of water three times a day, before meals..

Those cases that have been controlled easily were recent cases—I mean, not of more than one year's standing.

One of my cases was cured in about two months, another in three months. Now, if any of the readers of the A. M. JOURNAL can give me a more successful treatment for such difficulties, I would feel very grateful for the favor. I am not asking for theoretical advice, but want the practical facts in the matter. You that have had experience with this difficulty are the ones I want to hear from. I have quite a number of young girls who are afflicted with this difficulty, and it seems to be very humiliating to them. Will some one tell us why it is this affection is nearly confined to females? I know of but one male who has enlargement of the thyroid gland.

Success to the A. M. JOURNAL and its readers.

W. H. CARTER.



**REPORTS OF SOCIETIES.**

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**THE COMING NATIONAL.**—President Russell and Secretary Wilder have issued their announcement for the National Eclectic Medical Association, which convenes at Waukesha, Wis., June 15th, 16th and 17th, 1887.

This will be undoubtedly the largest and most attractive meeting within the history of this Association. The National is fast becoming a power in this country. Not only is it an individual aid to its members, but it serves to identify Eclecticism, giving it a prestige among other American institutions. The time of meeting is just the season when people seek the North for recreation, and the place could not be better selected for comfort and environment.

Waukesha is a comely village, of about six thousand people, under the smiles of surrounding hills, cooled by a gentle river, and untouched by the hand of dying pleasure or waning attractions—the twin of Saratoga—the paragon watering place, and fast becoming the leading Spa of the whole country.

The headquarters of the Association will be at the Fountain Spring House, where the accommodations are ample for over a thousand guests. Besides other hotels of good character, but less dimensions, also boarding-houses and cottages of delightful situation and first-class standing.

All necessary arrangements have already been made with Mr. J. M. Lee, the proprietor of the Fountain Spring House, for rooms and attendance. The prices will be reduced one-half, namely: to \$2.00 per day to members and delegates, and others accompanying them, during the stay of the Association, and we are assured of every care and attention necessary for comfort.

Waukesha is twenty miles from Milwaukee, at the junction of three great lines of railway—the Chicago, Milwaukee & St. Paul; the Chicago & Northwestern; and the Wisconsin Central; thus in direct communication with the entire railway system of the United States.

The Fountain Spring House is a mile distant from the railroad station, but the omnibus, carriage, baggage and express line will carry members and delegates to any hotel on arriving, and thence to the cars on leaving, for twenty-five cents. Tickets should be procured on the cars before arrival.

The local Committee of Arrangements is composed of Dr. S. S. Judd, of Janesville, Wis.; Dr. H. B. Laffin, of Laclede, Wis.; and Dr. A. L. Day, of Monroe, Wis.; any of whom may be consulted concerning any arrangement connected with the Association.

Aside from the usual and ordinary interests of the Association, the officers have seen fit to do away this year with the ordinary work of "Sections," and they place, in lieu thereof, *the Arena of*

FOUNTAIN SPRING HOUSE.

*Debate.* This new departure promises to be both profitable and amusing. If conducted in a spirited manner and with good feeling, it cannot fail to be of great interest. Prof. Howe leads off, on Listerism, and, like as a father that pityeth his children, we may expect a scourging; though no one must expect a child to rise up and whip its father.

There are nine propositions for discussion, all of which are well-selected, and the many members of this Association will surely enjoy a rich, racy and rare treat.

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THE WISCONSIN ECLECTIC MEDICAL SOCIETY will meet at 10 A. M., Tuesday, June 14, 1887, at City Hall, Waukesha, Wisconsin. All Eclectics are invited. Y. S. TROYER, M. D., Sec'y.

**THE TWENTY-FOURTH ANNUAL MEETING OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION** will be held in Springfield, Ohio, Thursday and Friday, May 19th and 20th, 1887, in the rooms of the Buckeye Club. Committee of Arrangements: L. E. Russell, M. D., J. M. Austin, M. D., O. S. Cole, M. D., all of Springfield, Ohio, to whom inquiries may be addressed.

The headquarters of the Association will be at the Arcade Hotel, which is first-class in every particular. The rates will be \$2.00 per day, providing all the visiting members patronize it.

A banquet will be given at the Arcade the evening of the first day, at which all the members, their wives, daughters and invited guests are expected to be present, and where they will be royally feasted and entertained.

Reduced railroad rates will be obtained, if possible.

It is not worth while to inform any wide-awake Eclectic, who can attend, his duty in the premises. The one great need of Eclecticism is identity, and this can only be gained by organization and association. By our State Association, only, could we hope to be recognized should a law ever be passed regulating the practice of medicine in Ohio.

Although the meetings of late years have been well attended and most happy in results, we intend to make the present one excel all previous ones, if possible.

All the leading men in the society are to be present, and the proceedings will be replete with social and intellectual enjoyment.

J. C. BUTCHER, M. D., *Pres't.*

S. D. MIRANDA, M. D., *Sec'y.*

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**THE FOURTEENTH ANNUAL MEETING OF THE ECLECTIC MEDICAL ASSOCIATION OF PENNSYLVANIA** is to be held at Tyrone, Pa., Wednesday and Thursday, May 25th and 26th, 1887. Committee of Arrangements: H. B. Piper, M. D., Tyrone, Pa.; J. M. Bunn, M. D., New Washington, Pa., to whom inquiries may be addressed.

Every member of this Association is hereby appointed an essayist, with choice of subject, and earnestly entreated to attend, personally, this meeting. Prepare your papers and essays, and such as

find it impossible to attend should transmit them to this Association, not neglecting, also, to send in their dues.

On the second day of the meeting the election of officers will be held, and delegates appointed to the National E. M. A., which convenes at Waukesha, Wisconsin, on the 15th, 16th and 17th days of June, 1887.

The following members are appointed on special reports, as follows: Surgery—H. F. Beam, M. D.; Gynæcology—J. R. Borland, M. D.; New Remedies—J. M. Mullholland, M. D.; Carcinoma Uteri—Jas. M. Bunn, M. D.; The True Province of Medical Societies—L. T. Beam, M. D. Discussion—Should the duties of the physician be prescribed by law. Affirm—B. L. Yeagly, W. S. Mott. Deny—W. P. Biles, H. P. Piper.

Come, and let us have a large meeting at Tyrone. Let us make it exceed all previous ones held by the Association, if possible. The season of the year is auspicious; the place is central, with all the railroad facilities and hotel accommodations desirable. Every Eclectic physician in the State should be present, as business of vital importance to all will be considered.

We need not extend this appeal, as every intelligent Eclectic who has the best interests of his profession at heart will be awake to the importance of the forthcoming meeting.

Then let there be a hearty cöoperation on the part of all interested.

C. M. EWING, M. D., *Pres't.*

W. H. BLAKE, M. D., *Sec'y.*

Tyrone, April 4th, 1887.

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THE ANNUAL MEETING OF THE IOWA STATE ECLECTIC MEDICAL SOCIETY will be held at Des Moines, on Wednesday and Thursday, June 1st and 2d.

It is sincerely hoped there may be a full attendance of its membership, and that all will come prepared to assist in making it one of the most pleasurable, interesting and profitable meetings ever held in the State. Every good Eclectic and liberal, progressive physician in the State is cordially and earnestly invited to be present and participate in its enjoyments and benefits.

N. L. VAN ZANDT, M. D., *Pres't.*

J. A. MCKLVEEN, M. D., *Cor. Sec'y.*

**SELECTIONS.****IRON ALUM IN THE TREATMENT OF WOUNDS.**

BY DAVID CHRISTIE.

A little girl came to me in whose hand, a few days previously, I had stitched a large, deep wound, which bled profusely every time it was dressed. To stop the hæmorrhage, I touched it with iron alum; the bleeding ceased in a few seconds. Next day I found the wound very clean and healthy; it subsequently healed in a very short time.

A few days afterwards a lady came under my care to have a fatty tumor removed. She was rather anæmic, so I thought I could not be too careful to prevent loss of blood; I made an incision six inches in length, down to the capsule, applied the iron alum; about a teaspoonful of blood was lost; enucleated the tumor, and tied a small artery at the bottom of the wound; removed the coagulated blood; brought the parts together with a continuous suture; put a piece of surgeon's lint over it, slightly moistened with glycerine and water; over this oiled silk, and over it a padding and a bandage, to press the surfaces accurately together. Next day I found the dressing slightly blackened by the iron, but no perceptible discharge or swelling; dressed as before. On third day removed the sutures, and on fourth day found it completely healed, except the part occupied by the ligature.

Next case was a man having a loose cartilage in the knee-joint, larger than a garden bean. I made an incision in the usual way, down to the ligament; applied the styptic; only a few drops of blood escaped; then cut through the ligament and removed the loose cartilage; brought the wound together by a very narrow strip of adhesive plaster across the centre of it; dressed as in the former case; ordered dressings to be changed next day, but not afterwards, and the limb to be kept at rest. In a week the wound was completely healed and the functions of the joint perfect.

A young man received a deep, lacerated wound between the metatarsal bones of the first and second toe; there was a profuse arterial hæmorrhage. I endeavored to stop it by applying a piece of iron alum, but failed, owing to the depth and shape of the wound.

I then put a considerable quantity of powdered iron alum into and on it, tying over it some wadding; then the bleeding ceased. Next day I with difficulty removed the dressings, as the effused blood had set like cement; there was neither discharge, swelling, nor the slightest appearance of inflammation, and he was almost free from pain; so much so that on the third day he resumed his usual employment in the fields; this tore the wound open again; I was obliged to put a suture in it; touched it with iron alum, and it was completely healed in about six days.

Then I thought I was in duty bound to investigate the matter. I began by trying the action of all the styptics on some fluid I had removed from a hydrocele; most of them made it milky or creamy; the perchloride of iron, gelatinous; but it did not adhere to the test tube; having twice seen it act as an escharotic in scalp wounds, I gave myself no further trouble about it. A saturated solution of iron alum instantly converted it into a cheesy mass, firmly adherent to the test tube; this, after exposure to sun and air for a month, has undergone no change, except contraction from evaporation; the iron alum added to the same fluid in a foetid state instantly coagulated it and deodorized it as much as carbolic acid did. From all this, it is evident that this medicine has a character entirely different from any other of its class; for, although the most powerful coagulator of albumen, and antiseptic, yet it has no irritating or destructive action on the living tissue. It does all that the Listerian system does, but it does far more, without trouble, expense or risk. Ligatures, bandages, dressing, etc., are reduced to a minimum, healing expedited to an extent that to be believed must be seen.  
—*N. Y. Med. Abstract.*

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**EXPLOSION OF AN EGG.**—Dr. Blair, of Yale College, was knocked insensible and nearly killed by the explosion of an ostrich egg, in the Peabody Museum. Such an occurrence was never heard of before. The egg, which weighed three and one-half pounds, was one of four which had just arrived from South Africa, having been saved from a wrecked ship, near Trinidad. Dr. Blair had just blown the embryos out of two shells, for they were what he wanted, and was filing a hole in the third, when a hiss and an explosion followed, knocking him senseless and covering his face with cuts. The explosion was felt

in other parts of the building. The first two eggs had been punctured, and treated with sulphate of mercury, which prevents fermentation, while the third had not, and its long voyage had stirred up a lot of powerful gas inside its eighteen and one-half-inch-diameter shell, which burst as soon as the file had weakened it enough. The shell is two millimetres thick, and so tough that it cannot be broken without a hammer.—*Scientific Californian*.

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OPHTHALMOSCOPY.—1. The eye is simply an expansion of the brain in which one can often perceive, by means of the ophthalmoscope, lesions, which indicate those which are occurring in the organ of thought.

2. The purpose of cerebroscopy is to discover, through the eye, that which is taking place in the cerebro-spinal system.

3. Whenever nervous troubles, paralytic, convulsive, or otherwise, are accompanied by lesions of the pupil of the retina or of the choroid, they are dependent upon a lesion of the brain, its meninges or the spinal cord.

4. Every intracranial obstacle of such a nature as to hinder the venous blood from entering the cavernous sinuses, causes in the retina certain troubles of circulation, secretion and nutrition, which are of value in diagnosis of certain diseases of the brain.

5. In certain diseases of the brain and of the cord, the great sympathetic exerts an influence upon the circulation of the retina, which produces quite marked lesions, easily ascertained by means of the ophthalmoscope.—*Technics*.

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HOW TO ATTEND THE SICK.—Never stand at the foot of a sick bed and survey the patient. All figures loom large to fevered eyes, and by the side of the bed you are only partly seen. Do not annoy with the sense of too much presence. Do not open the door very slowly, for then the attention is strained, speculating as to who the next comer can possibly be after all this preparation and with such cautious approach, generally creaking. Low but sure tones, quiet but sure movements—not tip-toeing—and rapid rather than slow, are a great relief to any patient who is blessed with a practical nurse. Whispering is a torture. Silence is best until you can discuss mat-

ters in another room; but if you speak, speak out and make no mysteries about anything. In severe illness the nurse must watch her patient steadily, but not seem to be looking. In convalescence it frequently soothes the invalid to have the nurse seated at the window apparently looking out. This frees the faculties from the tension that the sense of being watched usually gives, and also quiets anxiety.—*Scientific Californian*.

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**Koumiss.**—The most important property of koumiss is its power to increase nutrition. It is not a medicine, but an easily assimilable food; hence its great value in the treatment of all diseases characterized by rapid wasting of the tissues.

It will often be retained when the stomach rejects every other kind of food. It improves the appetite, excites the action of the kidneys, allays nausea, arrests vomiting and reduces gastric irritation. It is an invaluable remedy in the treatment of phthisis, dyspepsia, diabetes, typhoid fever, gastro-intestinal disturbances, bronchitis, and, in short, almost every malady requiring an easily digestible, nourishing food.

The action of koumiss changes slightly with its age, as follows:

New koumiss (up to three days in summer and seven days in winter) is just slightly acid. It is a mild aperient, promoting a flow of bile, and is therefore useful in cases of constipation.

Medium koumiss (from seven to twelve or fourteen days) is very sparkling, has no marked action upon the bowels. It may be used freely, with great benefit, in debility, anæmia, consumption, and most affections of the mucus membrane. Its action is prominently marked in the restoration of bodily strength after acute and debilitating diseases, confinement, lactation, nervous and physical exhaustion from surgical operations, loss of blood, etc. It induces a healthy action of the excretory organs.

Old koumiss (from twenty days up). In this stage it contains the most lactic and carbonic acid and the most alcohol. It is highly astringent, and therefore especially serviceable in cases of chronic diarrhoea, chronic copious discharges, etc.

The colder koumiss is kept the longer it will remain in its present stage. If kept moderately warm the changes take place quickly.—*Technics*.



### *MEDICAL AND SURGICAL ITEMS.*

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**TINCTURE OF STRAMONIUM IN EPILEPSY.**—Cases of petit-mal are materially benefitted by the use of stramonium—15 drops, three times a day, for some days. This may be given alone, especially after a long course of potassium bromide. It is a much neglected remedy.—*North Carolina Med. Jour.*

**BORIC ACID** has been found useful by Dr. A. D. Macgregor (*Brit. Med. Jour.*, July 10) in various diseased conditions of the mouth, and has been applied in the form of powder, confection, and as a gargle combined with glycerin. A good antiseptic *tooth-powder* is made from boric acid 4, potassium chlorate 3, guaiacum resin 2, prepared chalk 6, and magnesium carbonate 33 parts.—*Am. Jour. Pharmacy.*

**BORACIC ACID OINTMENT.**—The following formula for boracic acid ointment is taken from the *Canadian Practitioner*: Boracic acid, 1 part; yellow wax, 1 part; benzoinated lard, 6 parts. Reduce the acid to an impalpable powder by trituration with a few drops of rectified spirit, add the wax and lard, previously melted together, rubbing them to a smooth ointment. When applied this ointment allows the discharge from a wound to escape; moreover, it comes away clean, leaving none adhering to the skin.

**HYSTERIA.** —Among the cases presented at Dr. W. A. Hammond's clinic, at the Post Graduate School, New York City, was one of hysteria. He said: "When I was a young doctor we would souse a hysterical woman with several pails full of cold water. Thank God, that brutal treatment is of the past. The *sovereign remedy* is some form of the bromides. I will prescribe for this young woman the following solution: R. Bromide of sodium, ℥j.; Fairchild's pepsine, ʒjss.; charcoal, ʒiij.; water, ℥iv. Mix. Take one teaspoonful three times daily after meals.

"This young woman has particularly violent paroxysms at night, and besides the prescription I have just given, I shall also have her take sixty grains of bromide of sodium in a half glass of water at bedtime. As I said before, bromide of sodium is the sovereign remedy."—*Med. Summary.*

**TETANUS.**—1. Contraction of the muscles, tetanus of the extremities, without fever, is due to local affection of the muscular system.

2. Contraction of the extremities, accompanied with trouble of the sensory nerves and fever, is symptomatic of disease of the nerve centres.

3. Contraction, following eclampsia, is seated in the muscles.

4. Contraction of the extremities may lead to atrophy of the muscles, fatty degeneration of these tissues and articular deformities.

5. Contraction of the extremities often disappears under the influence of electricity.—*Technics.*

Prof. Bartholow states that "one of the most valuable remedies for tetanus is gelsemium, given in sufficient quantities to produce characteristic effects, and thus suspend the spasms. Small doses are useless." This is what we advocated two years ago. We give it hypodermically, in half to one drachm doses of the green root tincture.

**EXPLOSIVE MIXTURES.**—Chlorate of potassa and sulphur explode readily upon trituration. They should, therefore, be ground separately, and mixed after.

Lycopodium explodes if any of the dust falls into gas-light. Mix in the daytime.

Hypo-phosphate of calcium explodes at high temperature easily.

Oxalate and citrate of calcium explode at high temperature.

Permanganate of potash and any organic substance explodes readily, *almost instantly*, upon being mixed together.

A mixture of chlorate of potassa or potassium, glycerine and ferric chloride explodes almost instantly if superheated. Leave out glycerine always.

Ozone powders are *very* explosive.

Iodine and ammonia explodes easily.

Sulphuric acid and oil of turpentine explode during the manufacture of terrebene, a new compound among physicians.—NEMO, in *Medical Summary.*

**CUTICURA OINTMENT.**—This much advertised ointment consists of petroleum jelly, colored green, flavored with bergamot, and containing two and a half per cent. carbolic acid.

DISINFECTANT DRESSING FOR UTERINE CANCER.—R. Iodol, grs. xxx.; boracic acid, 3j.; thymol, grs. v.; carbo. ligni, 3j.; zinci sulphat., grs. x. M. A few pinches of this powder sprinkled on absorbent cotton, then rolled into a tampon, with a string attached; dip it in glycerine, and with the aid of a speculum place it directly against the ulcerated cervix. The dressing should be changed every few days.—EDITOR.

IODOL OINTMENT is recommended by Trousseau (*L'Union Méd.*, May 22, 1886) to be made of iodol 2 gm., and soft paraffin 10 gm.

*Iodol Lotion* is prepared with iodol 3 gm., alcohol 32 gm. and glycerin 65 gm.

ANTISEPTIC MOUTH-WASH.—Dr. Müller (*Deut. Med. Wochensch.*) recommends a solution made of thymol 0.25 gm., benzoic acid 3.00 gm., tincture of eucalyptus 15.00 gm. and water 750.00 gm., to be used as a wash to rinse the mouth after meals, and especially before going to bed. It will destroy bacteria and prevent caries of the teeth and foul breath.—*Pacific Record*.

GELATIN AS A COVERING IN DISEASES OF THE SKIN.—Dr. J. E. White, in the *Canadinn Practitioner*, condemns the use of ointments in skin diseases, and thinks they are dirty abominations. He submits what he calls a gelatine bandage, though it is not a bandage—says it has been used in Prague with much success. The article is made as follows: To pure gelatine twice as much distilled water is added. After heating it, add whatever you wish—crysarobin, oxide of zinc, carbolic acid, salicylic, boracic, iodoform, or anything you desire—then apply with a brush or the end of the finger, and as it is drying, run your finger over it with glycerine, making a thin coating to keep it from cracking.

ENLARGED PROSTATE. — Dr. F. W. Rockwell (*N. Y. Med. Jour.*) says: "Three drugs are at the present time given with the belief that they exert a direct influence on the disease. I name them in order of their value, so far as I have personally been able to judge of their effects. They are ergot, potassium iodide and chloride of ammonium."

BUNION.—The best treatment for bunion, according to Professor Gross's opinion, is for the patient to wear a broad shoe or boot, apply a blister to the bunion, remove the skin, and then freely apply a mixture of cosmoline and tannic acid, equal parts.

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

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## EDITORIAL.

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### THE LAW OF SIMILIA VERIFIED.

In the *Medical Advance* for April is an article by C. H. Lawton, M. D., who attempts to answer the questions, "Is Similia similibus curantur a universal law? And is it reliable in cases of emergency?" In proof of the propositions the writer cites a few cases:

1. *An infant three months old, with colic from birth, cured with cabbage.*

After the usual remedies had been given without relief, the mother expressed a strong desire for a mess of cabbage. "Yes," said she,

"I would give the world for a good mess of cabbage, but I don't dare to eat it, on account of the baby." The doctor, reasoning on his law of similia—that as cabbage is a good colic producer in a healthy babe, it is the homeopathic remedy. He ordered her to eat all the cabbage she wanted. The mother ate it, and the baby was cured without further medication.

Perhaps, if the doctor had reasoned a little further, he would have found that at the beginning the mother's fondness for cabbage was the *cause* of baby's colic, as well as the cure.

We have heard before that a bit of hair from the same dog would cure the bite, and that if a person ate pickles until he got the colic, he should eat one more to cure him, but we always thought this to be simply a "take off" on homeopathy. Now we change our views on the subject. Of course, this single case proves the law of similia, not its universality, for some babies have died with cabbage-colic. If this is the law of similia, I fear there is more danger in homeopathy than we are wont to believe.

We were taught to believe that it is a wise mother who would let cabbage alone when her nursing child had colic; but how foolish and ignorant she is in the eyes of him who is made wise by the law of Similia similibus curantur.

2. *A gentleman with malaria cured with malaria.*

The writer states that a gentleman came to him to get medicine for malaria. After prescribing for him, he stated that it was important that he should go down country to attend to some business, but he was afraid to go, as it was a malarial district. The doctor told him to go. He went, and in a week he came back, cured homeopathically. Just what the doctor gave in his office prescription we are not told, but he attaches no importance to that; it was dog eat dog—malaria cured by malaria. We are growing in our knowledge of the universal law of similia.

The writer attaches a good deal of importance to M. Pasteur's investigations in hydrophobia, and thinks that his experiments demonstrate the truth of homeopathy. Are homeopaths willing to rest the question on Pasteur's success or failure? Has Pasteur demonstrated the truth of any law? It is generally calculated that of those who are exposed to the venom of hydrophobia about one in four contract the disease, and the rest escape; hence the poison

of hydrophobia is more volatile, and less active, than many other morbid poisons.

Sir Thomas Watson reports 114 cases bitten by rabid wolves; of these but 67 showed signs of hydrophobia.

Bouley reports to the Committee of Public Hygiene of France 320 persons bitten by rabid animals, and of these only 129 took the disease.

Hertnich, of Berlin, inoculated 50 dogs from a rabid dog, and not one in five became affected with the disease.

Hunter gives 20 persons that were bitten by the same hydrophobic dog, and only one showed signs of the disease.

Now, in the face of these facts, will Doctor Lawton tell us what truth Pasteur has demonstrated in the homeopathic law? I fear, at this juncture, that whatever of homeopathy rests on Pasteur's investigations, that "down will go baby, cradle and all."

This brings us to Dr. Lawton's second division, viz.: "Is the law of Similia reliable, and is it equal to any and every emergency?"

The writer reasons somewhat in a circle—it is a law because it is reliable, and it is reliable because it is a law. I imagine that it is difficult to prove that *Similia similibus curantur* is sufficiently uniform to be entitled to the term *law*; and then, possibly, if cabbage to 100 three-month babies be taken as the test, it is very questionable as to the law being *reliable*.

But what about the "universality" of this law? We grant the existence of the law of similia, but we deny its universality. Homeopaths, or that class who believe this law to be universal, fail to learn one important thing, viz.: there are exceptions to all laws. Some have more, some less. The law of similia has a great many exceptions. If our "regular" brethren cure a pain in the abdomen or chest with a mustard plaster, or fly blister, are they not as equally entitled to honor as the similia man? We cannot deny but he does this. Then by what law? By *Contraria contrarius curantur*. Both are equally efficacious. I would not deny the existence of either law. Both are equally efficacious; one may cure where the other fails. "Why beholdest thou the mote that is in thy brother's eye, but considerest not the beam that is in thine own eye?" He who is able to rise above prejudice will choose whatever law will meet the individual case.

**HEADACHE.**

How near can we come to the successful treatment of headache? There is no ailment more common, and in many cases none more distressing. The physician who can administer his remedies in headaches with the confidence of relief is a wise man. How many of the profession have attained to this position in knowledge? We read of many remedies that relieve in many cases, but they fail in many more. But few cases of headache are idiopathic; more commonly they are symptomatic. One of the great sources of failure seems to be in accepting headache as a disease, when in most cases it is but a symptom. Another, that of accepting it as a symptom of a single lesion, or of confining it within a field too narrow. If it were a symptom due to a single pathological lesion, it would be an easy matter to reach it with some known remedy. The so-called "headache cures" would be sufficient, perhaps, for all cases; but its causes are legion, and hence, what will do in one case will not do in another. If a physician will be successful in treating headache, he must approach the condition that produces it; without this his treatment is only empirical, and quite unsuccessful. As is his knowledge of its pathology, so will be his success in its relief. Here lies the field of its study; here lies the goal of its success.

Suppose a physician fills his note-book with headache cures; are they not so many random shots, so long as he knows not the cause? He may give his cures, one after the other, until the last is taken, before he reaches the condition. Now, this is too often the method of treating headaches. How much better that state of knowledge in which, at a glance, we determine the pathology, and remove the headache, by perhaps, a single drug, or a single prescription. I do not say we can do this at all times, but this is the road that brings the answer.

Our subject at this point opens up a field for an octavo volume of goodly size, but we must narrow it down to a few brief thoughts, and try to make our remarks of some practical utility. A few primary divisions of the subject will greatly aid us in our treatment. The first, and perhaps the most important, rests upon the question, How does the circulation behave? Is the brain anæmic, or hyperæmic?

*Anæmic headache* usually affects the brow and temples, also the vertex, extending along the sagittal sutures. The pain is dull and tensive, not very violent, and is accompanied with pallor of the countenance and palpitation of the heart; associated often with dyspepsia, cardialgia, coldness of the extremities, and in females with dysmenorrhœa. It is frequently found in anæmic and chlorotic patients, accompanied with dizziness and a disposition to fainting.

The first thing to be done is to establish the circulation with hot pediluvia, and some stimulant internally. A dose of whisky or brandy will often relieve in such cases. To prevent a recurrence, a tonic course of treatment should be resorted to. The digestion should be improved, and food taken that may be assimilated, after which iron, arsenic and quinine can be given with advantage. A common prescription to aid digestion and assimilation: R. Acid phosphoric dil., ʒiij.; tinct. nucis vomica, ʒj.; ess. pepsine, ad. ʒvj. Mix et S. Take a teaspoonful after eating a light digestible meal.

*Hyperæmic headache.*—This variety of headache usually affects the entire head, and is accompanied by sensations of pressure and throbbing. There may be illusions of the organs of special sense; the eyes and face are suffused, and there is a strong pulsation in the carotids. In some cases there is intense redness of the face, with heat in the brow and vertex. With some, there is intense suffering, hyperæsthesia and violent pain. There are two drugs upon which I depend in this form of the affection—gelsemium and antipyrin. In violent cases we use the gelsemium hypodermatically, in from ten to forty drops of the green-root tincture, diluted with water. I have had recently the most marked benefit from antipyrin, given by mouth, in from fifteen to twenty-five grains. One dose has checked the pain in twenty minutes. Antipyrin may have a wider range than what I have given it, but here it serves me best. In acidity of the stomach, I occasionally give the bromo soda.

*Toxic headache.*—When headache is produced by the entrance of poison into the system, it may be denominated *toxic*. The most common of these are: alcoholic intoxication, use of narcotics, carbon vapor, sulphuretted hydrogen, bad air, lead poisoning, malaria, and uræmic absorption. The numerous sources of toxic headache suggest a wide range in remedial agents. A headache from an alcoholic spree may be relieved by bromo-soda, bromide potassa,



chloral, or antipyrin. That from narcotics, the crystal phosphates is an excellent remedy; from lead poisoning, iodide potash, capsicum and morphia; from malaria, quinine; from foul air and gases, plenty of fresh air, fanning and hot beef-tea, etc.

*Rheumatic headache.*—By this term we mean a tearing, violent pain in the muscles of the head. It is generally brought on by cold, or sitting in a draft. Place the patient's feet in a hot footbath, and give salicylate of soda.

*Hysterical headache.*—Women not unfrequently have this form of headache. It may be limited to a single spot, but at times diffused and deeply seated. It is augmented during the menstrual period, by harass and worry of mind. In this give pulsatilla, or cimicifuga; remove from all mental annoyances; give fresh air and amusement.

*Nervous headache.*—There is a large group of cases in which no anatomical cause of the pain can be shown, but in which we observe an excitement of the sensory nerves. These, for the want of a better term, we call *nervous*, but in these the pain varies a great deal, and is described as tearing, boring, tensive, pulsating, etc. Another obscure form is that denominated *sympathetic headache*, an attendant upon catarrh, hemorrhoids, worms, etc. Another, called *neurasthenic headache*, in which the pain is heavy and oppressive. It is deeply seated, and often increases to the height of migraine. It seems to be caused by excessive mental activity, bodily exertion, night watching, great excitement and sexual excesses.

Being unable at all times to tell what part of the body is primarily involved in nervous headache, we cannot arrive so definitely at the remedy that would meet the indications. For my own practical purpose I endeavor to make divisions about as follows: Is the headache of a neuralgic character? I give atropia sulph, from  $\frac{1}{100}$  to  $\frac{1}{60}$ ; if of throbbing character, I give antipyrin; if of a tearing, boring character, salicylate of soda. I have my patient take the recumbent posture, and cover up warm in bed. Possibly a hypodermic injection of morphia and atropia.

There is nothing better in derangements of the digestive apparatus than a thorough emetic of lobelia and ipecac. Where the diagnosis is not clear, and the patient is suffering sufficiently to warrant it, I give an emetic.

The treatment requires much intelligence and tact. The first

efforts should be directed to the primary disorder, and hence anæmia, hyperæmia, hysteria, syphilis, local diseases, debility, etc., must be looked after.

Derivatives may be employed to the neck, temples, and behind the ears, but usually these are not necessary.

Nitrite of amyl in spasm of the vessels; ergot, if paralysis of the vaso-motors.

I do not write upon this subject with the view of throwing light upon it, but to elicit more careful thought, and to call forth the experience of others. Give us your experience.

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### LACTO-PHOSPHATE OF LIME.

Permit us to call attention to the lacto-phosphate of lime. We believe that it is almost a physiological necessity. Dr. R. Blackie, of Paris, in the *London Practitioner* of February, 1872, says that the vital activity of animals and their temperature are proportionate to the quantity of lime phosphate they contain; so that from the bird to the man, and from man to the mollusk, the quantity of salt follows a descending course. He deprived a pigeon of almost all phosphate of lime in its food, and it soon lost its liveliness, its appetite, a notable portion of its flesh and weight, and excreted more phosphate than it took in. The addition of phosphate to its food was very shortly followed by return to health. He also asserts, that, certainly in vegetables, and probably in animals, the phosphate of lime is really associated with the most active nitrogenous living matter. He recommends it highly in youths whose development has been stopped without any apparent adequate reason, stating that under its use growth and health rapidly re-appeared. Also, in general atony that follows protracted fevers; likewise in marasmus in children, when at dentition or puberty food is disgusting, general atony present, diarrhoea and constipation show the involvement of digestion. He believes it to be very useful in the adynamic stage of some pneumonias, and even in the acute stage of typhoid fevers, stating that he found it very efficient in the treatment of the severe epidemic of adynamic enteric fevers during the Siege of Paris.

We can verify every word of the above. We find it especially useful in anæmic and strumous diseases of children; in summer diarrhoeas and cholera infantum of long duration; in diseases of

the bones, spondylitis and rachitis; in malnutrition generally, both of the young and old, male and female. In syphilis, especially after taking the alteratives, as iodide of potassium, until digestion is impaired, it is the remedy. I build up the system with it, after using the more powerful alteratives, and when the system seems to flag under their use. Iodide of potassium brings out acnæ, papulæ and pustulæ; the phosphate of lime following will soon cause the eruptions to disappear. Not unfrequently I combine it with Hall's solution of strychnine, or Fowler's solution of arsenic. Let our readers go to using the phosphate of lime in such cases, and I believe they will say we have not overrated this drug. Use the syrup lacto-phosphate of lime.

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### COUGHS.

We talk of cough, not as a disease, but as a symptom. We meet with it in pulmonary consumption, in acute bronchitis, in acute catarrh of the larynx, in laryngeal catarrh, in tracheo-bronchitis, in affections of the soft palate, in bronchial asthma, bronchial catarrh, capillary bronchitis, in chlorosis, in croup, in emphysema, in hydrothorax, in influenza, in mitral insufficiency, in pleuritis, in pneumonia, and in numerous other affections.

We describe cough as being dry, loose, whistling, hoarse, harsh, husky, constant, spasmodic, paroxysmal, deep, superficial, hacking, etc. If it is accompanied with expectoration, the contents may be mucous, pus, blood, serum, or admixtures of these, with one or the other predominating. The indications for medical treatment must, therefore, be derived from the pathology, from a knowledge of the morbid process, and from the accuracy of the diagnosis in the individual case. To carry out these indications successfully, we require a familiarity, not merely with pharmacological methods, but also with the general normal and pathological physiology of the body. If there is any one thing in the profession that needs breaking up, it is this method of wholesaling. Because it is a cough, so many prescribe a cough medicine. The facts are, that some coughs do not require "cough medicines;" they need something to lift the pathological barrier. Suppose, for instance, we have a case of consumptive cough, in which the expectoration is free. "Stop that cough," and your patient grows worse. A feverish state sets in; chills,

rigors, and possibly septic infection. On the other hand, you give your much favored cough mixture. What are you doing? You are, perhaps, softening the lung tissue, and aiding sloughing of the lung substance; in other words, aiding your patient in an easy down grade, but only accelerating the speed. We are not alluding specially to the individual symptoms of consumption, which have to be cared for as they arise, but only to the cough. My aim would be to strengthen the constitution, and to solidify or harden the lung tissue, thus preventing greater waste. For this I ordinarily give about as follows: *R.* Tinct. ferri mur., ℥iij.; bromide potash, ℥iij.; liq. potassa arsenitus, ℥ss.; glycerine and whisky, aa ad. ℥vj. *Misce et Sig.* A teaspoonful to be taken after each meal. This tends to enriching the blood, allays reflex phenomena, and strengthens lung tissue.

Our subject is too long to treat each case at length, and I am aiming only to show how we might be more successful, than to rely upon special combinations. For our purpose, therefore, we shall group the coughs in the least possible space.

For a dry or whistling cough, we would give drosera.

For a harsh, husky cough, bromide of potash, castanea vesca, or belladonna.

For a hoarse, croupy cough, bromide potash, or aconite, or lobelia, or senega.

For a spasmodic, paroxysmal cough, chloral hydrate, bromide sodæ, lobelia, sanguinaria.

A finer distinction will lessen the number of remedies in each classification. A single case may require, perhaps, only lobelia; it may be aconite, or ipecac. Some may require only bromide of soda, or potash, etc. We use a single remedy when we know its effects and know the pathology. We combine remedies for three reasons only: First, to make from the elements they contain another element we could not otherwise obtain; secondly, to make the medicinal elements more palatable, and of easier administration; and thirdly, from want of knowledge in diagnosis, not being certain of the pathology, we enter into a series of guessing: wanting to make sure of reaching the case, we put in this—and if it should not be the case, we put in another—thinking it might be that, etc. I believe the latter cause of blending drugs far exceeds all others, and hence

the more drugs that enter into our prescriptions the greater the tale of our ignorance. I am free to confess that none have arrived at that state of knowledge where they can, in all cases, reach the case with a single drug; and whilst that is my aim, I fall short of it in many instances—hence in the grouping of coughs I use complex medicines. Just at this juncture a little child is brought me. It is six months old; it has a severe cold, it wheezes, and rattles in the lungs; it is fretful and feverish. I have prescribed: *R.* Kali bromidum, grs. xx.; tinct. lobelia, gtt. v.; tinct. aconite rad., gtt. iij.; syr. tolu, ℥iij. *M.* I order the mother to give it half a teaspoonful every one or two hours.

Here is an adult. He is coughing, he talks hoarse, he has pain in the chest; the cough is dry; his temperature is 102°, pulse 105; can't rest at night for coughing. I give him: *R.* Bromide sodæ, ℥iij.; chloral hydrate, ℥ij.; syr. scillæ comp., ℥ss.; tinct. aconite rad., gtt. xv.; syr. prunus vir., q. s, ℥iij. *M.* I order him to take a hot pediluvia, and a teaspoonful of the medicine every two hours until he sleeps.

Another has had a cough for some time—is now expectorating, but the cough is distressing. I give him: *R.* Muriate of ammonia, ℥ij.; syrup ipecac., ℥iij.; acetum tinct. sanguinaria, ℥ij.; syr. prunus virg., q. s. ℥iv. *M. et S.* Take a teaspoonful every three hours.

Another has an asthmatic cough. To this I prescribe: *R.* Iodide potass., ℥ij.; tinct. belladonna, ℥ss.; tinct. lobelia, ℥j.; syrup yerba santa, ℥vj. *M. et S.* A teaspoonful at a dose.

To another: *R.* Ammonia chloridi, ℥ij.; fl. ext. ipecac., gtt. x.; tinct. opii camphorata, ℥iij.; syrup yerba santa, q. s. ℥iij. *M. et S.* An adult to take a teaspoonful every two or three hours.

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### RATHER ROUGH, IF TRUE.

In conversation with a physician of standing the other day, upon the subject as to why so many physicians were not identified with County, State and National Associations, he gave, as a cause for this, that many were fearful of the ordeal that inquires into their professional character. "So many," said he, "are abortionists, or are engaged in unprofessional advertising, or in some other way carrying on a business that is detrimental and objectionable." We

should hate to think that these were the sole causes of such neglect, and would rather believe that it is owing to a kind of selfish indifference upon their part. Still, it is hard to find for this class any very reasonable excuse, and we shall not attempt to justify their course.

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### AN EMBALMING PROCESS.

For the purpose of preserving dead bodies of human beings and animals, there is a process that comes from Germany. The patentee has been induced by the government to abandon his patent and make it public. The liquid used is made as follows: In 3,000 grammes of boiling water are dissolved 100 grammes of alum, 25 grammes of saltpetre, 60 grammes of potash and 10 of arsenous acid. When cool it is filtered. To 10 litres of this liquid, 4 litres of glycerine and 1 litre of methylic alcohol are added. The process of embalming is by saturating and injecting the bodies with it. Dead bodies of human beings and animals are said to retain their form and flexibility for years, while decay and offensive smells are completely prevented.

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SIREL'S DISINFECTING COMPOUND. — Sulphate of iron, 20 lbs.; sulphate of zinc, 3½ lbs.; wood charcoal, 1 lb.; sulphate of lime, 26½ lbs. Mix, and form into balls. To be placed in cesspools, etc.

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### BOOK NOTICES.

A PRACTICAL TREATISE ON OBSTETRICS. Vol. II. (4 vols.), The Pathology of Pregnancy.—By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. II. of the *Cyclopedia of Obstetrics and Gynecology* (12 vols.). issued monthly during 1887. New York: Wm. Wood & Co.

Charpentier's work on Obstetrics is the most complete in any language, and is a faithful mirror of the theories and practice of the most renowned obstetricians of the world.

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PRACTICAL LESSONS IN NURSING—NURSING AND CARE OF THE NERVOUS AND THE INSANE.—By Charles K. Mills, M. D. Price \$1.00. Published by Lippincott & Co., Philadelphia, Pa. Pp. 147.

This book contains the substance of a course of lectures delivered at the Training School for Nurses of the Philadelphia Hospital. It gives information on the care of the nervous and the insane; also the use of massage, electricity, bathing, etc.

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#### FORENSIC SURGERY.

This is an account of a suit brought by William Zuppan, Esq., against Dr. William Dickinson, a well-known oculist of St. Louis.

Zuppan sought the services of the doctor for the relief of strabismus and cataract of one eye. The operations were followed by inflammatory adhesions, and Zuppan, being encouraged by some designing person, sued Dr. Dickinson for \$20,000 damages. The suit was commenced in November, 1883, and dragged its slow length along until October, 1886, at which time it terminated in favor of the defendant.

Dr. William Dickinson is relieved of an annoyance of which the courts and a reasonable public say was an unjustifiable accusation.

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#### TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION FOR 1886. Volume XIV.

This volume comprises 466 pages, and contains numerous articles from the best writers of the Eclectic school of medicine and surgery. The book is neatly gotten up; bound in cloth. Every member of the Association is entitled to a volume.

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#### NOTES AND PERSONALS.

COCAINE is now worth a cent and a half a grain.

LAWSON TAIT feels a sense of protection in the fact of having a woman practitioner as one of his regular staff of stipendiary assistants.

A WITTY Irishman presented himself to a member of an Examining Board. The examiner propounded the question: "What is a poisonous dose of prussic acid?" "Half an ounce, sir," the Irishman quickly replied. Horrified at the ignorance of the candidate, the examiner exclaimed: "Half an ounce! That is enough to kill

a whole community, sir!" "Well, sur," replied the Hibernian, "I thought I'd be on the safe side. You asked for a poisonous dose, I believe?" The examiner, not to be outdone in this way, said: "Suppose a man did swallow half an ounce of prussic acid, what treatment would you prescribe?" "Indade, sir, I'd ride home and get my stomach-pump—and—" "But, sir," retorted the examiner, "are you not aware that prussic acid acts with great rapidity? And suppose, when you returned with your stomach-pump, you found the patient dead, what would you do?" "Indade, sir," said the Irishman, "and I would hold a post-mortem."

AN authority says that 15,000 children are killed annually by the use of soothing-syrups and other similar preparations.

WE have received from Messrs. Parke, Davis & Co., a life-sized portrait of the German savant, Dr. Robert Koch, whose name and services to humanity are so universally known that any mention thereof seems entirely unnecessary. Parke, Davis & Co., of Detroit, Mich., will be pleased to mail this portrait to any of our readers who will apply to them. Mention this journal.

ALEXANDER's operation, viz., shortening the round ligaments of the uterus for prolapsus, has been performed nearly 200 times, and yet many leading operators are incredulous as to its benefits. Some difficulty has been experienced in finding the ligaments, and it is yet a question whether they are entitled to the name ligaments. Dr. F. P. Foster, of the *N. Y. Medical Journal*, claims they were not intended as such, and if shortened, the frail cords are sure to stretch under the weight of the uterus.

"Too much attention is given to bacteriology, and not enough to unorganized poison, or to the virus of decomposition. \* \* \* There may be microbes on a palatable beefsteak or mutton-chop, and the food be none the worse for it, yet if the meat be fairly alive with the offensive bacteria, the dish might be too savory." — A. J. HOWE, M. D.

A WRITER in one of our exchanges says that the ovaries of one woman contain enough ova, if they were all utilized, to populate a city as large as Paris. There is a bachelor in our community that wants one not so large.



A YOUNG M. D., who was just trying to establish himself in a community, met an old lady who had interested herself in the young doctor's behalf, whereupon she inquired how he was doing. "I was called out three times last night," said the young doctor. "Why, lame," said the old lady, "I was affected just that way myself the other night, and Dr. S. gave me some powders that stopped the diarrhoea at once. Here, try one of them."

F. M. Beals, M. D., of Gays, Ill., says: "It gives me great pleasure to 'Stand Up' and 'Do Battle' for Lloyd Bros.' specific medicines, for they are reliable medicines; they never fail when indicated. I have used them for eight years. I am perfectly satisfied with them, and would not care to practice medicine without them."

WE have received from Messrs. Battle & Co., and from the Rio Chemical Co., an editorial clipping from the *St. Louis Medical Journal* upon the evil of *substitution* in physicians' prescriptions. There is nothing that deserves a severer censure than a course of this kind. There are three parties that should be specially interested in putting down this kind of business—the patient, the physician, and the manufacturer of drugs. For the dispensing druggist to assume the right, when perhaps he has not the proper preparation called for in the prescription, to place in lieu something else than that prescribed, is a practice most abominable. No matter what the prescription calls for, if even sugar of milk, should the druggist substitute cane sugar, the act should be condemned. Every manufacturer desires his preparation, drug or compound to rest upon its own merits, and upon its own merits they should stand or fall. If this cannot be checked, then physicians should dispense their own medicines.

A WATCH impregnated with magnetism cannot keep time. It will vary irregularly, gaining and losing and stopping in the most annoying sort of a way. It has been found that this magnetic or electric influence is the direct cause of the queer freaks and unaccountable behavior of fine watches, and is the secret enemy which has baffled the skill of our best watchmakers. If that is so with watches, might it not be the case with the human body? We hear tell of

magnetic healers—men that are surcharged with a superabundance of magnetism, who always propose to impart this power to patients for the cure of ailments. The watch story opens up a field for a new set of healers—those who can *extract* magnetism and set the human machine to running. Possibly some people have too much magnetism.

THE AMERICAN MEDICAL JOURNAL, of St. Louis, is one of the best, if not the best, Eclectic medical journals published. The subject matter is well selected, well edited and well arranged, rendering it a valuable publication for any physician who wishes to keep well posted and fully up with the times. Price, \$2.00 per year. Published by E. Younkin, M. D., St. Louis, Mo.—*Livermore Falls News*, Maine.

"You can come in now," said the family physician to the head of the house on the North Side. "What are the returns?" "Three—two girls and one boy." "I want an official count, doctor. I don't want any '76 business in this." "Don't be foolish, man." "I tell you I shall suspect fraud until there is an official canvass." Then he apologized to the doctor, saying he had been so engrossed in politics that he had forgotten where he was.—*Chicago Herald*.

THE ratio of physicians in this country is about 1 to 650 inhabitants. Maryland has but 329 people for each physician; Colorado, 341; Indiana, 396; and Oregon, 353. The remaining States are about 400. New Mexico has less physicians than any State or Territory—about 1,494 people to every physician. Utah has about 1,035; North Carolina, 1,029; South Carolina, 1,084; Ohio, 502; Kentucky, 551; There are more physicians on the Pacific Coast than on the Atlantic.

JAS. CULBERTSON, M. D., of Waco, Tex., says: "I have prescribed Tongaline for several years for neuralgic troubles, and consider it an excellent remedy."

THE *Nashville Medical News*, a semi-monthly journal, Vol. I., No. 1, appears on our table. Edited by Richard Douglass, M. D., and Jno. W. McAlister, M. D., of Nashville, Tenn. In the fewest words we can say, it is neat, attractive and sparkling.

THE *Chicago Medical Times* has put on its summer coat, changing from blue to gray. A pretty face and a good physique appears well in most any kind of dress.

THE Homeopaths are exercised over a new power attributed to their drugs—that of breaking the glass in which the drugs are placed. Physicians are surprised, and patients have become alarmed, fearing to take the medicine, lest the results would be that of bursting off their belly-buttons. One attributes it to the zooth phosphorus; another to chlorate of potash, etc. Perhaps the phenomenon was due to the *nothing* that the glass contained. A glass tumbler sitting upon my sideboard suddenly snapped and fell to pieces. It was empty. A tooth I had extracted had been placed upon my shelf, and after it had remained there for a couple of weeks suddenly cracked, with a loud noise, and flew into two pieces upon the floor. If you want to make further experiments, place a glass lamp-chimney over the flame. The cause is apparent.

The firm of Reed & Carnrick renew their advertisements with us. Summer is here, and we cannot dispense with their nutritive constituents—Beef Peptonoids, Soluble Food, Digested Beef, Milk and Gluten.

THE *Eclectic Medical Journal*, of Cincinnati, says that "a writer in an exchange informs us that on several occasions he has prescribed belladonna for sterile women, and has found that after taking it for some weeks, they have become pregnant. Moral—Unmarried women should let belladonna alone." Perhaps the writer should not be understood that these results were entirely due to a single remedy.

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### For Sale.

A practice worth \$1,800 a year; with house and lot, one acre of land; nine miles of St. Joseph, Mo. Good neighborhood; on a river, with good fishing; a splendid roller mill at place. No other doctor. Price, \$600.00—\$300.00 down; balance on payments of \$100.00 a year, without interest. The best opening in Missouri. Must go South on account of health.

Address J. C. DUNNINGTON, M. D., Avenue City, Mo.

# THE AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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### INFANT MORTALITY—A BRIEF REFERENCE TO SOME OF ITS CAUSES.

BY LEMON T. BEAM, M. D.

From statistics published in this country, and which have recently fallen under my notice, I learn that of 1,000 children born, 150 die within twelve months; 113 during the next four years; giving 263, or more than a quarter, within five years of their birth.

Whatever can be done to mitigate this fearful mortality should be thoroughly understood and widely disseminated. The more generally hygienic and preventive measures and ideas are diffused by the profession, and the more closely they are regarded by the people, the greater the chance of reducing the present high rate of mortality among children.

While it cannot be stated as a truism that the diseases of children are, *sui generis*, different from those met with in adults, yet—and what a care-laden “yet” it is to the anxious, thoughtful mother—the enormous mortality peculiar to the former, when contrasted with that of the latter class, render special inquiry and research into their causes necessary. Here the practitioner is interested and should be on the alert. Especially the young physician, since it is true that the symptomatology of diseases in children varies from that of adults; and since it is equally true that children suffer from

different diseases, different from those met with in adults, and which exhibit peculiar features which render special diagnostic care and treatment necessary. It is frequently a matter of surprise to find histories of sick children terminating in a diagnosis which, if applied to adults, would be called by an altogether different name. It is also true that, to many practitioners, a very simple malady, when occurring in a child, becomes to them the veriest enigma.

We are now rapidly approaching the "perils" of hot weather. We should be prepared to meet and overcome them. Special care should be extended to children during the summer season, when infant mortality is greatest. The lives of thousands of infants are sacrificed by over-medication and through ignorance and inattention; and that, too, on the part of physicians as well as of parents. We should all learn better than to unsettle small stomachs by drugs that exhaust what strength the winter's crop of "colds" has left; appreciate in part the truth that Nature, grateful for help, is intolerant of coercion.

Over-feeding, as is well known, is a prolific source of summer complaints. When the stomach and small intestines are gorged, fermentation, instead of proper digestion and assimilation results; and when nature rebels against cramming, we may encounter a fatal fever or diarrhoea. Parents should be instructed, as they value the lives of their little ones, to guard against the use of unripe and unsound fruits and vegetables. They should be taught that they should be given plain but nutritious diet, in suitable quantities and at proper times and intervals; that they should have plenty of fresh air, and that their bodies should be bathed daily. Also, that strict attention should be paid to the matter of clothing—its changes, as required by the changing season—so that "colds" may be avoided as a result of changes of temperature, especially in the evening. Unceasing vigilance and the exercise of good common-sense in the care and treatment of children are necessary to get them safely through the summer months.

In winter, we deplore the necessity of imprisoning baby in a stuffy, artificially-heated house. When the warm months shall allow him to live out-of-doors, he will, we predict, eat and sleep better; shake off all maladies incident to the cold and rawness of the winter months. By the middle of June, we dread the sun, as we did frost;

comprehend why the pious jingle couples "chilling winds and poisonous breath" as equal foes to mortals' weal. As warm weather comes, changes in clothing—notably in flannels—should be made cautiously. A woolen garment, covering the chest and abdomen, should be worn next the skin, all summer long, at least until the child has completed its second year. The mother should look wisely and seasonably to baby's clothing. Day clothing must not be worn at night, nor *vice versa*. It need not be heavy or thick. Exchange that worn in winter for one of moderate weight; and as the heat increases, this for one still thinner. It must be of wool, and long enough to protect the vulnerable parts indicated by day and night.

These are simple precautions, but indifference to lesser perils than those which they may avert has filled many a home with mourning, and fewer children would succumb to the "heated term" were they followed.

The "teething period" has terrors referable to other causes than dentition. It is a fatal season for the little ones, and it is well to recognize *why* baby droops and sickens in the sultriness which intensifies the discomfort of swollen gums and burning head. It is just to attribute its illness less to the coming teeth than to certain intestinal changes that coincide with dentition.

But, as out-ranking over-feeding, and other causes cited of infant mortality, I would name that of starvation during the tender period of infancy. It is very certain that children often die in consequence of an insufficient supply of nourishment, withheld by kind but ignorant mothers and nurses. Many mothers have but imperfect development of those functions upon which their offspring depend for nourishment during infantile life. Nearly or quite one-half the children born need other support than that obtained at the maternal fountain, and physicians and nurses cannot be too careful or vigilant in regard to this matter. Again, a majority of infants fed by hand, while they may be over-stuffed, are under-fed, and their milk given far too dilute. There is not one woman in five who knows what amount of milk a child should have. Nor is there one physician in very many who can tell the mother or nurse what quantity it will need in twenty-four hours. They will guess, when questioned, from a teacupful or less, up to a half-pint or more, of one-half to two-thirds water and one-half to one-third milk. Scarcely any child of

one month will be satisfied with one pint of pure milk daily; many will take a quart; the average is between the two. It needs from twenty-four to thirty-two ounces of milk daily, and will starve on three half-pints of fluid two-thirds of which are water; for then it will only get eight ounces of milk per day. Such an under-fed child will be hungry, fretful; look pale; will be colicky; will be considered sick, and will be dosed with medicine; and if the food is still insufficient in quantity and defective in quality, it will finally die. If its condition is attributed to disease instead of starvation, and medicine, in place of nourishment, is given, its fate will be sealed. *This is starvation by prescription.*

Thousands upon thousands of infants suffer thus daily, and it is not uncommon to see children who have thus been dosed and starved for weeks have their diet still further reduced by some new physician, who decides that the baby's stomach is too weak to bear *so much* food. Such a babe becomes thin, pale, sad-looking; of a blue color, as in cyanosis; its face shriveled, and its arms and legs thin; next, it will break out in sores, and its blood is supposed to be impure, when it is only thin and scanty—the child is starving slowly. Its little, pinched-up face aged without years; the fat all gone, and the attenuated muscles, standing out like strings when it cries or whines, will satisfy the observing physician that the child is starving.

The major part of the ills of infantile life come from starvation. In a majority of cases of sickly, puny babes, on investigation, it will be found they get little or nothing from the flaccid, milkless breasts at which they are found tugging. If the mother nurses her child in part, and feeds it also, it will then generally be kept on very low diet, from fear of surfeiting it. *Good, undiluted cow's milk* will cure them far quicker than anything else. All things considered, I feel quite certain that it is as easy to raise children by hand, if an abundant supply of good cow's milk can be had, as it is by the breast. But the child, while quite young, should not be fed by the spoon. The bottle should always be used instead of the spoon, and the milk should always be made as warm as breast milk.

Every careful, thoughtful mother will accustom her infant to take *cold water*, or, in case of colic and restlessness, *hot water*, from the time of its birth all through the nursing period. How? By the use of a nursing bottle, which should always be kept scrupulously

clean. The child sucks instinctively, and the mother will find her babe an apt scholar at the bottle business—when put at it early. She will find, also, that this kind of education will be of great service “in times of need.” Children often become thirsty. Water is the best fluid for quenching thirst, and a large quantity is required to carry on the functions of the system. A child will take it freely by the natural mode of *sucking*, and it should be thus supplied frequently and freely, unless it be when the stomach is engaged with a meal. Teach parents to FEED their children properly, and to allow them, from birth, more water. Teach them that when a child cries it don’t always mean that it is hungry; that the little growing human is a thirsty creature, and that its cry means *water* as often as it does *food*.

*Hot water* is the best *anodyne* and *nervine* for children. The infant stomach may be *irritated* and made *feverish* by too frequent feeding. Acidity, flatulency and restlessness may be due to the same cause; all of which may be readily remedied by the use of *hot water*. When nature rebels, as indicated by vomiting, diarrhoea, colic, etc., give it to the child freely, *as hot as can be sucked*, if it is still nursing breast or bottle, otherwise, have it drink it. If not readily relieved, in addition apply a flannel cloth wrung out of hot mustard water to stomach and bowels.

Thousands, yea, tens of thousands, of infants are annually sacrificed through ignorance of, or from want of attention to, the points indicated.

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## GROWTH, MAINTENANCE AND WASTE OF THE HUMAN BODY.

BY A. A. COLEMAN, M. D.

As an apple is born, developes, ripens and decays, so the human organism comes into life, maintains its existence to the period of its destiny, and then turns again to mother Earth.

In the period of its development, the body is active in the work of nutrition and assimilation and a surplus of forces is in reserve for the repair of invasion or loss of tissue from injury.

The appetite of a healthy child is sharp and active, and the assimilative powers are not easily overcome, but the maladies of childhood set immediately to work upon the nutritive processes, which



differ somewhat from that of adult life, wherein the chief difficulties lie in an effort on the part of nature to eliminate the waste material.

The food of children, though simple and satisfying, should contain the elements necessary for the growth of tissue; and, if deprived of these, there will be a corresponding failure in the development. With suitable diet there will be but little need, if any, of drugging. Better, and easier, it is to preserve the equilibrium of the body with proper food, than to restore the flagging energies with pills and powders; the latter of which is often assumed by an ignorant mother, who trusts to luck in the giving of soothing syrups or some other damaging and damnable cure. If medicines are given to children, the chief and general object is to repair a deranged functional activity; and even here, if placed under favorable circumstances, nature is usually sufficient to overcome the difficulty. Hence, the maladies of children usually carry with them their own cure; many of their ailments arise from overburden of the natural processes.

Some disturbing causes act upon children through the mother. Death has occurred from the mother suckling her infant during the effects of fright. What changes take place in the mother's milk during fright, is yet unknown to science, but the facts are there nevertheless.

Paul Richter says: "One scream of fear from a mother may resound through the whole life of her daughter, for no natural discourse can extinguish a mother's scream. Make any kind of stop—a colon semi-colon or comma, but no note of exclamation while nursing your child." Imperfect evolution, arrested tissue growth and numerous other troubles of children, take their origin in erroneous ideas which culminate in mischievous dietary.

It is often said that children endure much. How tenaciously they hold to the thread of life! Their powers of endurance are most wonderful. Customs that enter into "fashion," so called, have their deleterious effects upon growth and development. Such as the tight lacing of children—lacing to give them shape, other than that designed by their Maker. Again, being too thinly clad, a certain kind of dress, because of fashion, not taking into account the fact that nature builds in certain form and calls for certain degrees of protec-

tion in the way of clothing. Attempts to improve on nature usually bring on disease and end in disaster.

For instance, you see that darling offspring—it is dressed in a way to impede every movement; its respiration is interfered with; it is confined in a close room where the air is impure; it is allowed to lie on the bed with scarcely a change of position. Thus deprived of motion and oxygen, the two grand factors of its development, it grows fretful and peevish; its ribs are softened; its abdomen enlarges; its spine is curved; the osseous system yields under pressure; mollities-ossium or rachitis set in and the child is a cripple for life.

Customs of this kind begun in early life, children may live through them without any marked defects, and yet, in more advanced years, they will tell upon the constitution. The compressions impeding respiration may induce bronchitis, asthma and phthisis; and upon the abdominal viscera, retroflexions, leucorrhœa, metritis, endo-metritis and a host of other ills. Even hereditary ailments, that are perhaps introduced through the wickedness of parents and customs of fashion, may be latent in the offspring and kindled into a flame by imprudence in food and clothing.

The fairest child with bright and sparkling eye, long lashes and broad alæ-nasi, may be the victim of scrofula. The intelligent and active boy, the pride of a mother's heart, comes home from school with a limp and a pain in his knee, which soon develops into a hip-joint disease.

Thus the period of youth passes and adolescence comes and goes, and from thence decay. Now life's sands are running fast, the buoyant step gives way and the darkened hair turns gray, while the days go by. Now we are to expect a series of changes that are found in the catalogue of senile waste. Here we look for atheroma of the blood vessels, hypertrophy of the heart, failure in the work of the kidneys, diseases of the prostate, indigestion, the skin dry and harsh. Disease assumes its chronic forms, and time carves its care-worn lines and impresses itself on every wrinkled brow; the brain ceases its general activity, the mind is no longer active, the individual is more forgetful and loses his powers of concentration. The cerebral cells become worn, the viscera is sluggish, there is loss of heat and lowering of the temperature and the hours of sleep exceed

the waking hours. Thus the processes of evolution have given place to a reversed action, while the path of life is beaten down by the foot prints of time.

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### WHAT IS IT?

BY J. E. A. BALL, M. D.

I bring this case to the notice of the profession, from the fact that I have not been able to find a report of a similar case either in the text books or periodical medical literature. I brought the case to the notice of our State Medical Association at its recent session, and there were only two members present that had ever seen anything like it, and I am fully satisfied that their cases were entirely different in the main and important features, and I would like to have more light on the subject; so I will state the history and facts in the case, and give my theory of the cause of the trouble in the future.

Mrs. E———— was at about the sixth month of gestation, with her first child, at about the twenty-fifth year of her age, when, to prevent falling, she jumped from the top of a fence about five feet high, alighting on her feet. At that instant there was an intravaginal rupture, protruding internally through the vulva, about the size of a medium child's head of full period.

She had to be carried home, when a physician was called, and the rupture reduced. It proved to be a sac of water or serous fluid, coming down a little to the right, and under the arch of the pubic bone, and outside of the os, and above the neck of the womb.

The woman, to keep the rupture in place, had to lie on her back, with her hips elevated and her feet propped up the entire remainder of her term, three months, when she was delivered of a healthy, well developed child.

Immediately on the delivery of the child the sac, rupture or tumor disappeared, and she saw nothing more of it until the next pregnancy, at the sixth month.

Mrs. E. is now forty years of age, has borne twelve children at eleven births. In seven of the eleven confinements, I have waited on her. The rupture has invariably made its appearance at about the sixth month, and disappeared at delivery, except the last two, the last of which was twins, in which it came on between the fourth and fifth months of gestation.

She has not been compelled to keep her bed all the time of the last three months of gestation since with her first child, though the sac has continued to become more troublesome in each succeeding pregnancy, and, though she has been able generally to reduce or replace it, she has frequently failed and I have been called to replace it.

When protruded internally, it looks very much like a bladder, and after remaining down for several hours becomes very much congested and very painful to reduce.

The condition of the bladder has no effect on the condition of the sac. The bladder may be thoroughly evacuated and the sac will remain the same.

I will close by asking the question, What is it ?

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## THE TWO CASES OF ABSCESS.

BY C. A. F. LINDORME, M. D.

It is no doubt a risky matter to judge of a case by relation only, but as the solicitation of utterance of opinions must exclude a reproach of rashness of ideation, I would in case of abscesses of liver and spleen like those reported by Drs. Moreland and Hamlin suggest a different than the usual interpretation of *vires vitales sustinete*. When the vital force, by an operation, or rather by the extraction of matter, which, vicious though it were, formed a part of the cyclus of agents that represented the physical individuality of the patient, has been lowered, it must, I am inclined to think, be regarded as an open question, whether it is not a negative more than a positive influence which aids to sustain this force. When there is an abscess of the liver or the spleen it is not the abscess which by itself covers the whole ground of disease and diagnosis, and if, after tapping, the patient feels better, it ought to be concluded only that the operation as such was fortunate, but by no means that, as to the disease in itself, the patient be improved to any notable degree.

It is principally with reference to abscesses of the liver and spleen, it seems to me, that such a view ought to be taken. Be it ever so much contended, as yet, in what consists the detail of the functions of the said organs of the body, that much elucidated from the experiments and observations made, that either of them play a prominent part in the latest stages of the assimilation of food, viz .

in the preparation of the plasma out of which immediately is formed the complex liquid part of our body, BLOOD; and as there can be no doubt but inner lesions, like deep-seated abscesses, indicating a far-going derangement of the structures, subservient to the healthy display of their functions, the next thing to do, upon the mere mechanical relief of the organ of its immediate trouble, is TO GIVE IT PHYSIOLOGICALLY A REST.

In both surmentioned cases, after the extraction of the effete matter, there was appetite returning. But it might be inferred from the symptom of improved health only, that directly the stomach was not involved, although there was in the coated tongue indication enough of an impaired digestion; and even if there was in the first instance entirely no need to take into consideration the stomach itself, it followed from the fact that liver and spleen are unexceptionally involved by the mediate results of all ingesta, that on account of the impaired condition of the structures, and consequently of the invalidated functions of these two organs, a measure of the most urgent necessity was a restoration of the diet of the two cases.

This seems to me obvious enough in the case of Dr. Moreland, but a great deal more so in that of Dr. Hamlin, and I would say, in answer to the question of the latter, "What was the immediate cause of the death of the patient?" that it was very much the same as what was the remote cause, viz., OVER-EATING. I am so much more inclined to hold this opinion because of the ethnological circumstances connected with his case. People of German descent used to have the habit of five meals a day, and thereby the function of spleen and liver is with them very much at the rate of a through train. It takes five hours for the spleen to go through the process which, in the transmutation of the nourishment into blood, falls physiologically to its lot. Where the five meals regime is kept up, the spleen is never given a chance to finish one job before the next is knocking at its door, and over-work and its consequences cannot fail to ensue; enlarged spleen is, therefore, a very common disease among those big eaters, and if they are high livers at the same time, it is not surprising when the overflowing of the tissues of the organs with half-wrought material leads to morbid cell metamorphosis.

All stimulants, it seems to me, therefore, are, so far from sustaining the vital forces, taxing them, and prostrating them by over-

taxation; and be our motto, *vires vitales sustinete*, ever so true, it ought to be, in these cases, interpreted in the sense that all strain on the enfeebled part has to be removed, and this is done by denying to the stomach all occasion to give the spleen and liver something to do. It will never hurt the stomach to be idle, but it will hurt the spleen and the liver to do work when they are sick.

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### ANOTHER STRANGE CASE.

BY B. T. LANDERS, M. D.

History, as follows: Mrs. C——, age 41; the mother of six or seven children. Has been sick eight weeks; appetite poor; tongue red; very little fever. First had a petechial eruption. Then her mouth got sore; gums sloughed off; teeth all sound; got loose; lifted out seven with her fingers; gums would bleed freely. Epistaxis troubled her before she was confined to her bed. Her limbs swollen, painful and of a purple color, or, in other words, livid spots to her body. Could not use her limbs; was helpless. Pain in spinal column and top of head; kidneys normal. I diagnosed the case purpura simplex; consulted Dr. G., and he confirmed the diagnosis. Put her on tinct. iron mur. Mouth-wash: Chlor. potash, borax and hydrastis. Used some quinia and acids. And a vegetable diet.

P. S.—From the "Strange Case" reported in the March number of the JOURNAL, page 112. I have taken from that man's stomach something that looked like a water-dog or lizard. I have it in alcohol. When I have more time, I will give you full particulars.

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### SCHUSSLER'S BIO-CHEMIC SYSTEM.

BY J. W. PRUITT, M. D.

Some years ago I obtained a copy of Dr. Schussler's book, which I gave a close reading. Its novelty challenged my credulity and I determined to verify its statements by actual observations at the bedside.

Before proceeding to give the results, it may prove interesting, to some at least, to glance at the basic principles of the system.

In general terms, as announced by Molleschott, "Man is composed of air and earth;" or, to be more specific, there are certain inorganic elements that enter into the composition of every tissue

in the human system in certain definite proportions, and only so long as this definiteness of proportion is maintained, will health be the result. Any disturbance must be followed by disease.

This view of the subject must commend itself to the common sense of every thinking and well informed man.

Next, the author goes on to enumerate the various salts found in the tissues, and the diseases produced by their being out of proportion. Then, under each salt is given a detailed list of symptoms indicating its employment.

The author gives twelve articles, which he calls cell-salts, in his system, and recommends the sixth centesimal trituration. I have always used the 2<sup>x</sup> and 3<sup>x</sup>.

About the time my attention was called to the book, I had seven cases of typhoid fever in one family. Some of them were of an *adynamic* form, called here "*walking cases*." They would be up and walking about the most of the time, but gradually lost flesh and became more and more anæmic every day, with swelling of the hands and feet. To these cases I gave potassium chloride for the swelling of the limbs, which was always relieved in two or three days, but with no abatement of the other symptoms.

One of my patients, who was confined to the bed, had a small white spot appear nearly in the center of the cornea—gave potassium chloride; spot gone in three days.

My wife had a very severe sty on one eyelid; prescribed R. Silica, 3<sup>x</sup> gr. iij.; aqua, ℥ iv. M. S. Take a teaspoonful every hour and bathe the part freely with the same often. Pain soon relieved and sty gone in a few days, and no more coming. Have used the magnesia phos. as indicated by sharp shooting pains, and always with success.

A boy, some two years ago, was brought to me by Dr. S——, with badly enlarged tonsil glands, otherwise the boy was quite healthy. (These cases will nearly all be found to be chicken-breasted.) I proposed a trial of Schussler's treatment. With a laugh my friend assented, remarking "*if it did no good, no harm could come of it.*" Gave phos. lime and phos. pot., about a grain of each, 3<sup>x</sup>, three times per day, one before the other, after meals. The treatment was kept up two or three months, at which time the glands were reduced one half. At this time he was attacked with malarial fever since which, I have heard nothing of the case.

I am at this time, treating a very bad case of enlarged tonsils in a ten year old girl. Internally, R. Calcium phos., 2<sup>z</sup>, gr. ij.; aqua, iv. M. S. Teaspoonful three times per day, before meals. Also, R. Potassium chloride, 2<sup>z</sup>, gr. ij.; aqua, 3iv. M. S. A teaspoonful three times per day after meals. Local treatment, R. Normal ergot (P., D. & Co.'s), 3ss., tannic acid, 3ss. M. S. Apply with a feather twice per day, to tonsils. Under this treatment, patient is rapidly improving.

Without endorsing all that has been claimed for this system, as my observation has been limited, still I think it contains enough of truth, to entitle it to the consideration of progressive physicians. Not all the truth is to be found in any one system of medicine, nor perhaps in all the systems, and narrow indeed, must be the field of vision of one who thinks there is nothing worth knowing outside the pale of his peculiar party or sect.

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### POSTAL BRIEFS.

FRACTURE OF THE SACRUM AND COCCYX.—Mrs. W., aged 80, fell from a wagon, on the 5th of last September, fracturing the sacrum and coccyx below the left sacro-iliac symphysis, causing complete paralysis and anæsthesia of the left leg for over seven weeks. Motion of the left hip caused severe pain. She had to be handled as an infant. I saw the patient within half and hour after the injury, and placed her on a hard bed, with a firm cushion above fracture; gave morphia sul., gr. ss., to allay pain; emptied the rectum with enema of warm water; gave small doses of opii, repeated often, to induce constipation. Outside of hip and thigh badly discolored. I made no attempt to reduce the bones, but union has occurred. On March 19th she walked up to their stable, a distance of fifty yards. Can walk right well with a crutch, considering the age. I think I have had extremely good success with this case. Will report another case in short time.

Very respectfully yours,

J. W. LANGFORD, M. D.

“CREDIT TO WHOM IT BELONGS.”—*Dear Professor:* In the April number, I wrote a formula for a “Pulmonic Cordial,” and Dr. Frank, in the May issue, writes, under “Credit to Whom it Belongs.” I think this motto has been and always will be a good one. All I



have to say about the matter is that I never have seen the work or book "Dr. Warren's Family Physician," from which Dr. F. claims this formula to be taken. I received the formula of the Pulmonic Cordial from an old doctor in St. Louis, in 1883; made it, and used it with good results. Had I known the name of the author I would have given it. I did not give my name as the inventor, but only stated that I had used it for years.

O. F. VOIGT, M. D.

OBSERVATIONS.—PROF. E. YOUNKIN, M. D.:—The Postal Briefs are immense, and offer a rich, rare and racy field for the exchange of thought.

No. 1. In a recent case of twin-labor, the second child presented the usual "after-coming head," episode. After the passage of the shoulders, the woman obstinately refused to "bear down" till she had a good toddy "to give her courage." To secure this, it was necessary to go to the house of a neighbor. My forceps were, as usual, at the office, so I introduced my fingers, and for twenty long minutes by the watch, kept the parts from pressing on the funis, till the arrival of the *vis a tergo*, when all friction was removed.

No. 2. In your last (May) issue, Dr. Galbreath speaks of chlorate potash in "old sore legs," etc. I learned that use of the salt from a casual remark of Prof. A. Merrell, in one of his inimitable lectures on chemistry. My experience with it is that it will only succeed in such cases when there is some special indication for a potash salt—leaden palor of tongue, feeble, tremulous muscles, etc. I have often failed with it. In a recent case, of five years standing, when iron alum, chlor. potash, and everything else that I could think of, failed, chloral hydrate and glycerine acted like a charm. Moral—Shun routine treatment; look for indications.

No. 3. In your notice of the coming National, in the May issue, you say, "No one will expect a child to rise up and whip its father." While admitting the eternal fitness of that principle, will you permit me to remark, in regard to your editorial "Rather Rough if True," that I think the conjunction should be written thus—*if (?)*; and I would suggest to the physician of *standing* who made the remarks quoted that he should *sit down awhile*, till he reflects that there is only one step between bearing false witness against his neighbors and harboring *unjust* suspicions of them.

No. 4. During the past week I have attended two cases of quite severe "congestive chills." My uniform success in such cases induces me to mention the treatment which I often follow. The principal indication is usually to relieve internal congestion—"bring the circulation to the surface." The stomach is generally inactive, and I find nothing will produce the desired result as speedily as amyl nitrate, by inhalation, and atropine, hypodermatically. A hot water bath would be a fine adjuvant, but we seldom have time to wait for the water to heat. This does away with the worry and excitement of the old method of treatment; acts very quickly, thereby saving time; and impresses the friends with the conviction that the physician is master of the situation.

F. A. REW, M. D.

ANOTHER COUNTY HEARD FROM.—*Prof. E. Younkin, M. D.*: Enclosed please find postal note for the sum of \$2.00, to pay for my subscription for this year (1887) to your very excellent AMERICAN MEDICAL JOURNAL. I ought to have sent you the amount long ago, but better late than never; and I cannot help saying that of all my medical journals I subscribe to, yours takes the premium as a scientific, practical, good, common-sense journal, brim full, every number of it, of practical items to the country practitioner.

Put my name down as a subscriber for life, and oblige

Yours most respectfully,

San Diego, Tex.

T. S. KÜPFER, M. D.

Now we feel like a buckwheat cake with molasses poured all over it. May the doctor live long.—[EDITOR.]

OLD FOGYISM, OR AIDING NATURE WITH A VENGEANCE.—*Mr. Editor*: There are some old fogies in the medical profession yet, as the treatment of the following case would indicate:

I was recently called to see a patient who had been under the care of one of those superior individuals who has long since assumed to know all worth knowing in the practice of medicine.

A young woman, less than twenty years of age, of delicate constitution, had borne three children within fourteen months, and was consequently weak and feeble after the last confinement. The subsequent treatment was, first, a large dose of castor oil, followed, in a few hours, by a large dose of salts and manganese. This, again, by a stimulating enema. All of which produced eleven drastic

evacuations from the bowels. Her prostration was complete. There was prolapsus and cystitis; and she was nearly two months in getting up and around.

The question is whether the obstetrician of the ancient pattern does not act the same part as the nurse to one Dr. Didemy's patients. As Dr. Didemy one day drew up to the house of his patient and was tying his horse, he heard moans and groans and suppressed outcries within. He entered unceremoniously, to find the nurse with a grip on the patient's throat. He remonstrated. The woman exclaimed: "Faith, docthor, I was tryin' to help the Lord do his will."

GEO. COVERT, M. D.

GONORRHOËAL OPHTHALMIA.—Two children, a boy and a girl, aged respectively 10 and 12 years, took it upon themselves to gather rags from the alleys of St. Louis, for the sake of earning a little spending money. In a state of perspiration, they wiped their faces with some of the rags they had collected. Their eyes became red, swollen and painful, and began to suppurate freely. Under the attention of a physician for a week or ten days no improvement. The little girl lost the use of one eye. My application was boracic acid, 3j., dissolved in a pint of hot water; with absorbent cotton dipped into this solution, kept hot, and renewed every few minutes, relief was immediate, and in a few days the gonorrhœal ophthalmia was well.

EDITOR.

VESICAL IRRITABILITY.—Several months ago I was consulted by Mr. Oscar G——, a coal miner, aged 35. Had been subject to vesical irritability for some time, and now presented the following symptoms: Slight pyrexia, with accelerated pulse; bowels somewhat constipated; attempts at micturation frequent and painful, each attempt bringing only a very small quantity of turbid urine, followed by bloody mucus; dull pain and uneasiness in hypogastric region, with sensation of fullness of bladder. Ordered laxative, and Lambert's lithiated hydrangea, in teaspoonful doses, every four hours. Two days later he came to me, much elated, and declared that he was never so well in his life. He has had no return of his trouble, and as I have prescribed the lithiated hydrangea in other cases, with very satisfactory results, I consider it a valuable remedy in vesical diseases.

GEO. W. VANDER, M. D.

**SELECTIONS.**

**THE THERAPEUTICAL DRINKING OF HOT WATER: ITS ORIGIN AND USE.**

BY EPHRAIM CUTTER, M. D.

The therapeutical drinking of water at a temperature of blood heat to 150° F. having become popular enough to call for an allusion to it in *The Lancet*, as a valuable American contribution to medicine, and since it seems to be used at random from the directions of its distinguished introducer, I have thought that the origin and proper use of hot water should become history.

The practice dates back to 1858, when Dr. James H. Salisbury, of this city, concluded a series of experiments on feeding animals to ascertain the relations of food as a cause and cure of disease. Besides swine, he experimented on men. These he took in companies of six healthy laborers, placed under military discipline, which he enforced himself. He also ate and drank as they did. The men were kept on single articles of food, coffee and water. Among these articles were beans, beef, bread, chicken, crackers, fish, lobster, mutton, potatoes, rice, turkey, oatmeal.

The blood, urine and fæces of the animals were carefully examined microscopically and chemically daily without any preconceived idea to develop, but simply to ascertain facts and develop ideas from those facts. In this manner he went through the whole range of food to show the permanent value when lived on exclusively and singly. Among other things he found that the fermentation of food and the products of these fermentations, were the chief primary factors in producing the diseases which arise from unhealthy alimentation.

With the idea of removing these diseases by removing their causes, he employed hot water in order to wash out the saccharic, acetic, butyric, hydrosulphuric and lactic acids, and sulphide of ammonium fermentation vegetations (yeasts), from the stomach and intestines. At first he tried cold water on his men to remove these products of fermentation, but the cold water caused distress, pain and colic, so he increased the temperature of the water. Lukewarm water made them sick at the stomach, and excited peristalsis upward. The temperature of the water was increased to hot—110° to 150°.

This was well borne, and afforded a feeling of agreeable relief, which thousands since testify to. The hot water excites normal downward peristalsis of the alimentary canal, washes down the slime, yeast and bile through its normal channels, washes out the liver and kidneys, and the bile is eliminated through the bowels, and not through the blood *via* the kidneys. It was some time before the proper times of administration, and proper number of ounces of hot water, and the proper number of ounces to be drunk at meals could be settled in order to obtain the best results. These directions may be found published in connection with the Salisbury plans for the treatment of consumption, Bright's disease, diabetes, fibroids, sclerosis, and colloid diseases. At the risk of repetition, and for the sake of a more thorough understanding of the subject, these details will be plainly and simply given.

1. *Directions for using Hot Water according to the Salisbury Plans.*—The water must be hot, not cold or lukewarm. By hot water is meant a temperature of 110°–150° F., such as is commonly liked in the use of tea and coffee. This is to excite downward peristalsis of the alimentary canal. Cold water depresses, as it requires animal heat to bring it up to the temperature of the economy, and there is also a loss of nerve force in this proceeding. Lukewarm water excites upward peristalsis or vomiting, as is well known. In cases of diarrhoea the hotter the better. In cases of hæmorrhages the temperature should be at a blood heat. Ice water is disallowed in all cases, sick or well.

2. *Quantity of Hot Water at a Draught.*—Dr. Salisbury first began with one half pint of hot water, but he found it was not enough to wash out, nor to bear another test founded on the physiological fact that the urine of a healthy babe, sucking at the breasts of a healthy mother, the best standard of health, stands at sp. gr. varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the sp. gr. of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the sp. gr. fall to 1010, less hot water should be drunk. The quantity of hot water varies usually from half to one pint, or one pint and a half at one drinking. The urine to be tested should

be the *urina sanguinis*, or that voided just after rising from bed in the morning, before any meals or drinks are taken. The quantity of urine voided in twenty-four hours, should measure from forty-eight to sixty-four ounces. The amount will, of course, vary somewhat with the temperature of the atmosphere, exercise, sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's standard—to wit, 1015–1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor. The urine should be void of the rank, urinous smell so well known, but indescribable. It should be like the babe's urine free from odor and deposit on cooling, and the color like that of champagne. The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Times of taking Hot Water.*—One hour or two hours before each meal, and a half an hour before retiring to bed. At first Dr. Salisbury tried the time of half an hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor, and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity, as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, hot water can be taken any time between two hours after a meal and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

4. *Mode of taking the Hot Water.*—In drinking the hot water it should be sipped, and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to thirty minutes may be consumed during the drinking of the hot water.

5. *Length of Time to continue the use of Hot Water.*—A period of six months is generally required to wash out the liver and intestines thoroughly. As it promotes health, the procedure can be practiced by people in health throughout life, and the benefits of cleanliness inside be enjoyed. The drag and friction on human existence from the effects of fermentation, foulness and indigestible food, when re-

moved, give life a wonderful elasticity and bouyancy, like that of the babe above alluded to.

6. *Additions to Hot Water.*—In case it is desired to make it palatable, and medicate the hot water, aromatic spirits of ammonia, clover blossoms, ginger, lemon-juice, sage, salt, or sulphate of magnesia are sometimes added. Where there are intense thirst and dryness, a pinch of chloride of calcium, or nitrate of potash may be added to allay the thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhoea, cinnamon, ginger and pepper may be boiled in the hot water, and the quantity lessened. For constipation a teaspoonful of sulphate of magnesia, or half a teaspoonful of taraxacum, may be used in the hot water.

7. *Amount of Liquid to be drunk at a Meal.*—Not more than eight ounces. This is in order not to unduly dilute the gastric-juice or wash it out prematurely, and thus interfere with the digestive processes.

8. *The Effects of drinking Hot Water as indicated are:*—The improved feelings of the patient. The fæces become black with bile washed down its normal channel. The blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated, and the smell approximates the odor of the fæces of healthy infants sucking at healthy breasts; and this shows that the ordinary nuisance of fetid fæces is due to want of a proper washing out and cleansing of the alimentary canal from its fermenting contents. The urine is as clear as champagne, free from deposit on cooling, or odor, 1015 to 1020 sp. gr., like an infant's urine. The sweat starts freely after drinking, giving a true bath from the centre of the body to the periphery. The skin becomes healthy in feel and appearance. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membrane disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice-water in hot weather is not craved, and those who have drunk ice-water freely are cured of the propensity. Inebriety has a deadly foe in this use of hot water.

9. *Summary of General Considerations on the Therapeutical Drinking of Hot Water.*—(a) Foundation for all treatment of

chronic diseases. (b) Excites downward peristalsis. (c) Relieves spasms or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves. (d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious. (e) Inside bath. (f) Dissolves the abnormal crystalline substances that may be in the blood and urine. (g) Necessary to have the hot water out of the stomach before meals. (h) Its use is to wash down the bile, slime, yeast and waste, and have the stomach fresh and clean for eating. (i) Promotes elimination everywhere. (j) If objection is made, it must be remembered that we are 75 per cent. water. (k) The gas that sometimes eructates after drinking hot water is not formed by the hot water, but was present before, and the contractions of peristalsis eject it, or sometimes it is the air that is swallowed in sipping, as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This time can be tested by submerging a gallon jug filled with air under water and observing how long it will be in filling with water. (l) Some physicians have advised against hot water on the ground that it would burn the covering off the stomach. If this is so, then a denudation of the lining of the stomach for twenty-five years is compatible with a state of, otherwise, perfect health with no sign of illness for that period of time, and is also compatible with the numerous cures that have occurred under the use of hot water as a foundation during the past twenty-five years. Again, the same physicians drink tea and coffee at the same temperatures, and this act belies their warning and shows their inconsistency and want of consideration before speaking. (m) These dicta about the therapeutical drinking of hot water, were founded on physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858.

*Personal Estimate of the Founder of this Practice.*—"If I were confined to one means of medication, I would take hot water." It may be added that he has drunk hot water for twenty-five years.

*Corroboration of the Writer.*—The writer testifies that his own personal experience and observation corroborate the truth of these statements of the Salisbury plans.—*London Lancet*.



## **ELECTRICITY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.**

BY A. D. ROCKWELL, M. D.

Dr. Rockwell alludes to eight cases of exophthalmic goitre previously recorded by him as having been treated with electricity, three ending in recovery, and one in approximate recovery; and gives the history of an additional case in which the result was favorable. It would be impossible, he thinks, to obtain similar results in a number of cases by any one method of electrical treatment. In some cases localized galvanization by the ordinary method may prove efficacious.

This method may be thus described: Place the cathode over the cilio-spinal center, above the seventh cervical vertebra, and the anode in the auriculo-maxillary fossa, gradually drawing the latter after a few moments of stable treatment along the inner border of the sterno-cleido-mastoideus muscle, to its extremity.

The second step in this process consists in removing the anode to the position occupied by the cathode, and placing the latter over the solar plexus, using for a few moments longer a greatly increased strength of current.

In other cases, currents alternately increased and diminished may prove most effective. The general application of the faradaic current sometimes proves an important factor in the method of treatment. It is not very difficult to believe, he remarks, nor to understand why general faradization is so effective in lowering a pulse that is rapid as a result of nervous excitement, and in increasing its strength when it is both rapid and weak through nervous exhaustion. It is more difficult to explain why this result is so pleasantly obtainable in cases of exophthalmic goitre in which the galvanic current, after benefitting up to a certain point, fails to do more. The faradaic certainly does not affect the sympathetic so directly and powerfully as the galvanic current does; and we are obliged, for an explanation, to refer to its well-known superior tonic properties, and to the fact that the complete and thorough excitation of the cutaneous nerves by general faradization is followed by a greater and more desirable reflex influence.

In a case of over thirty years' standing, which the author recently treated, but in which he failed to cause any appreciable reduction in size, this power of one current to supplement the action of the other

was well illustrated. The pulse of the patient was constantly at or above 115. The action of the galvanic current reduced it to 105, but failed to do more than this after considerable effort. General faradization was then attempted, with the result of effecting within a week a further and seemingly permanent reduction of twelve beats. At the same time the patient's general condition was much improved.—*N. Y. Medical Journal.*

## CONSTIPATION.

BY J. MILNER FOTHERGILL, M. D.

*Medical Register*, March 26, 1887 :—In selecting remedial agents the choice must be guided by the precise requirements of the morbid condition. To restore the muscular activity is as important as to excite the secretion of the intestinal glands. The ordinary catharsis does both, and so sweeps the contents of the bowels out by the anus. But every physician of experience knows well that the recurrent resort to active purgation gives about as unsatisfactory results as well could be attained. In the first place, women of all ages bear active purgation very badly. The griping pains are ill borne and depress very acutely. When the bowels are cleared out by a violent action the process of loading up again sets in immediately, and another catharsis is soon required with all its attendant discomfort. In this respect women are closely approximated by men of feminine type. Active purgation is only well tolerated by robust persons. In others it should only be adopted when there is some distinct end to be served by it.

An occasional clearance of the bowels may be desirable; but the treatment should consist of a small amount of laxative materials, taken with perfect regularity, persistently and steadily. Two classes of laxative agents present themselves for notice; these are vegetable substances and mineral substances. Frequently they can be combined with advantage. For women the vegetable substances are best, as, compared to men, they do not bear well mineral purgatives, whether as natural waters or artificial solutions. Fortunately, vegetable extracts readily lend themselves to pill form. The first laxative to come into general use was rhubarb. But, unfortunately, rhubarb has a secondary binding tendency, following the primary purgative action. Thus it is unsuitable for habitual use, though this action

gives it a peculiar value when the bowels are to be unloaded previous to an operation on any of the contents of the pelvis. In cases of diarrhoea set up by a railway journey, such use of rhubarb is most excellent. The persons who adopt rhubarb for the relief of habitual constipation are not likely ever to be cured. It has fallen to my lot to see such a case quickly relieved by substituting for the rhubarb some other laxative. Next in frequency of resort is aloes. Aloes acting upon the lower portion of the bowels, is in great vogue in constipation linked with amenorrhoea (partial or complete). In consequence of this localized action, aloes in full doses are not exhibited in pregnancy, except from ignorance or criminal intent. Fordyce Barker sees a certain utility in this localized action, and has from experience found that the stimulant action of aloes upon the area supplied by the hemorrhoidal arteries is good in the piles of pregnancy. Certainly the use of aloes in small doses, in combination with other laxatives is rational practice. A certain amount of aloes should form a factor in the remedial agents employed in all forms of constipation in women, whether pregnant or not.

Then, beyond these two familiar laxatives, a host of others which are more or less in use. Colocynth, gamboge, jalap, scammony, cascara sagrada, are perhaps those most in vogue.

A combination would be provided by something of this kind for habitual use:

R. Strychniæ, gr. i; pulv. aloes, ʒi.; pulv. piper. nig., ʒi.; ext. cascara sagrad, ʒij.

M. Div. In pil. xxiv., i bis indie.

When the bowels have become more regular, then instead of a pill night and morning, one at bedtime alone would be sufficient; and after a time the pill might be given up entirely, having fulfilled its purpose.—*Epitome*.

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## LACERATION OF THE CERVIX UTERI.

BY H. B. RITTER, M. D.

"If there is a laceration of the cervix, perform trachelorrhaphy," is a phrase in common use and seems to express the general feeling among gynecologists on this subject. Some appear so fond of this operation that to them no other treatment for laceration is proper. As a factor of uterine diseases, laceration is associated with nearly

every disease of the uterus, and then as trachelorrhaphists they are in duty bound to operate. Trachelorrhaphy has been the style now for some time, and, consequently, we see the so-called progressive men vying with each other in the rush to be up with the times. Torn cervixes are now sewn up by the hundreds regardless of variety, extent, or complications. The fact that there is a tear is sufficient excuse for the operation. This feeling does away with discrimination and would make it necessary to operate on nearly every multipara in the land. If we look at the termination of those lacerations that were let alone, which were never treated at all, we find that a great many have healed, or cicatrized and left no disagreeable symptoms behind. And all kinds of lacerations have terminated in this way, but especially unilateral, antero-posterior, and slight bilateral. But even extensive bi-lateral lacerations with the lips eroded and everted so that they are almost at right angles with the rest of the uterus instead of on a line with it, generally terminate just as favorably by giving a little assistance.

Dr. W. Gill Wyle, in a discussion on this subject in the Section in Obstetrics of the N. Y. Academy of Medicine, said that a lacerated cervix should not be sewed up until it gives rise to symptoms, and that when it does produce symptoms there is some disease behind it that needs treatment.

Dr. Paul F. Munde, in the same discussion, said that he never considers a laceration with regard to operation unless it produces symptoms; its mere existence does not call for sewing it up, no matter how large it may be, or how much everted. When the eversion was great, the menopause was not far off, and there was free discharge, he would operate because of the liability to the development of epithelioma.

Dr. A. F. Currier had found that he declined more and more to perform the operation.—*Epitome.*

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DR. C. F. WAHRER writes: "I am pleased with the appearance of the crystalline phosphates; its compact form must commend itself to every physician. Shall be pleased to use it where indicated, and continue it, if equal to other phosphates, as it certainly is handier and cleaner."

**MEDICAL AND SURGICAL ITEMS.**

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**EARLY TRACHEOTOMY IN DIPHTHERIA.** — Dr. Cheyne (*British Medical Journal*), recommends an early tracheotomy in diphtheria. He believes that more lives will be saved by an early operation, or as soon as the larynx is evidently attacked, than by delaying till the symptoms of obstruction are marked. He thinks that the probable advantages more than counterbalance the possible dangers; and apart from the advantage generally admitted to attend early tracheotomy, there is the further advantage of the possibility of arresting the spread of the disease, and also of applying medicaments to the larynx.

Dr. Cheyne is perhaps correct in his conclusions on the subject, but owing to the usual sentiment among the masses, but few cases will give their consent until tracheotomy is grasped as the last hope of success.

**COCA AS A CARDIAC TONIC.**—Beverly Robinson, M. D., in *N. Y. Med. Rec.*, says: "On several occasions, when digitalis has proved to be useless or injurious, I have had very excellent results from caffeine or convallaria. Certainly the latter drug is more easily tolerated by a sensitive stomach than digitalis, and whenever the nervous supply of the heart is especially implicated, I believe that I secure more quieting effects from its employment. Among well-known cardiac tonics and stimulants, for obtaining temporary good effects at least, I know of no drug quite equal to coca. Given in the form of wine or fluid extract, it does much, at times, to restore the heart-muscle to its former tone. I have obtained the best effects from the use of Mariani's Wine. From personal information given me by this reliable pharmacist, these results are attributable to the excellent quality of the coca leaves and of the wine which he uses in its manufacture."

**IODOFORM AS AN ANTISEPTIC.** — Heyn and Rosving (*Fortsch. d. Med.*) maintain that the antiseptic properties of iodoform have been assumed but not proven. In a series of experiments on animals, they conclude that it does not act as a germicide, and that micro-organisms are found living in the drug.

These Danish authors conclude:

1. That iodoform is valueless in surgery as an antiseptic, even though it may possess other useful properties.

2. That as iodoform preparations themselves may contain pathogenic micro-organisms, they cannot be used without some danger.

It seems to me that it is a mistake to assume that a drug has no antiseptic properties because it contains micro-organisms. I believe there is a difference between an antiseptic and an *antiparasitic*, and the difference widens with those who believe that micro-organisms have but little to do with the causation of putrefactive processes. Boracic acid is a good antiseptic, but a very poor parasiticide. Bichloride of mercury is a good antiparasitic, but not the best of antiseptics. We do not believe that iodoform is either a good antiseptic or a good parasiticide. The same might be said of carbolic acid. A drug that arrests the putrefactive processes is an antiseptic, whether it kills the micro-organism or not.

A CARBUNCLE. — Recently I treated a carbuncle in a way that gave me much satisfaction. A poultice of the following ingredients was kept on hot: R. Ulmus pulv., ℥ij.; carbo-ligni, ℥j., tannic acid, ℥j.; carbolic acid, ℥j. M. A quantity sufficient for three or four poultices made at a time, with hot water, stirring to a proper consistence. This application gave considerable ease, and a gradual subsidence of the carbuncle was made. In a short time it was resolved.

DEATH AFTER WASHING OUT THE STOMACH.—Dr. Martin reports a case (*Brit. Med. Jour.*), under the care of Dr. Bradbury, for stricture of the pylorus. The patient had suffered for seven years with symptoms of ulcer of the pylorus. His stomach had become much dilated; he was much afflicted with gaseous accumulations and pain, with increased weakness, and he vomited large quantities of frothy mucus. It was decided to wash out the stomach. The tube was passed into the stomach, but as the patient grew very faint the tube was withdrawn. Two hours afterwards he complained of stiffness in the jaws, with inability to open the mouth. The arms became rigid, pronated and flexed, and the thumbs turned in to the palms. The rigidity spread to all the muscles of the limbs and trunk, and the temperature rose to 103.4°. He became livid, pulseless, and temperature rose to 107.2° before death, which took place six and a half hours after washing out the stomach.

The *post mortem* showed a simple stricture of the pylorus, with a cicatrix from the old ulcer and a dilated stomach. No wound of any kind could be found.

ENEMATA OF COLD WATER IN INTUSSUSCEPTION.—Dr. Christopher Elliott (*Bristol Med. Chir. Jour.*) reports a case of intussusception successfully treated by cold water injections. A boy of eight years was taken with sharp pain in the abdomen, and vomited soon after. In the course of a few hours there were several attempts at defecation, but only bloody mucus passed. Castor oil was ordered, but he vomited it up. A restless night passed, with much tenesmus, and more bloody mucus—nothing fæcal. The lower part of the abdomen was dull, and the dullness extended upon the left side. Chloroform was administered and the examination elicited a cylindrical tumor in the left iliac region, from two to three inches in length, and as thick as the finger. Insufflation of air was tried, and failed; an enema of warm water was given; this, also, failed; insufflation of air was repeated, with like failure. Later on, an enema of cold water—over a quart—was injected; the tumor was found to have disappeared; the bowels acted spontaneously on the next day; and the boy's recovery was complete.

LAPAROTOMY FOR PERITONITIS.—Dr. Kroenlein (*Centralb. f. Chir.*) relates three cases in which the abdominal cavity was opened on account of peritonitis. In two instances the vermiform appendix was perforated, and death ensued; in the third, no lesion discoverable. This patient made a good recovery. Sublimate solutions, 1-2000, was employed for washing out the abdominal cavity.

COCAINE IN CHOLERA INFANTUM.—Dr. Herr (*Thera. Gazette*) describes a case, his own child, where profuse intestinal evacuations and vomiting, great weakness, pallor of the skin, sinking of the eyes, coolness of the cheeks, hands and feet, increasing frequency of the pulse, and slight cyanosis of the face, were present. He administered one-sixth of a grain of the hydrochlorate of cocaine every two hours, with the best results. Since then he has frequently employed it with equally good results in like cases. He believes we have in cocaine an agent which meets a double indication—a stimulant to the ganglionic centres, and a sedative to the gastro-intestinal mucous membrane.

HEBRA'S LOTION FOR ECZEMA—Phenic Acid, 4 parts; glycerine, 15 parts; sulphuric ether, 15 parts; alcohol, 90 parts. A mixture to be applied to dry and scaly eczema occurring in plaques, and which gives good results in obstinate cases. Tincture of iodine, applied with a brush, often gives equally good results.—*L' Union Médicale*, Nov. 6, 1886.

PAPINE.—Dr. Thomas Little writes that Papine seems to meet a class of cases in which opiates are indicated, but in which the remedy is worse than the disease. "One case in particular," says he, "has given me a great deal of trouble for years. I tried opium in every form, and many other narcotics, alone and in combination; but constipation, nausea and nervous prostration have been invariable results. I then used Papine, with the happiest effect; no nausea; no constipation; no prostration. I have been prescribing it in my practice since, with the greatest satisfaction to myself and my patients."

ASTHMA.—Dr. Germain (*Glasgow Med. Jour.*) says whatever be the form of asthma—whether nervous, emphysematous or catarrhal, primary, or of gouty or dartrous origin—iodine constitutes the true cure; when iodine supervenes, then pyrodine is the most certain means for curing the paroxysms; it is the palliative remedy, while iodine is the curative. Pyrodine is a colorless liquid, very volatile, with strong smell, miscible with water. Dr. Germain administers it by putting 60 to 75 grains into a saucer in the middle of the room, and placing the patient at the corner of the room, where he inhales the air, mixed with the vapor, for twenty or thirty minutes, repeating this thrice daily.

PSOAS ABSCESS.—In a recent article on "Caries of the Spinal Column," Mr. William A. Elliott writes as follows: "When the abscess becomes fully developed, and fluctuation is easily to be felt, I select the parts where the coverings are thinnest, and before any discoloration of the skin has taken place. The skin should be well drawn to one side by the assistant; and avoiding any vein that may appear on the surface, I then pass a broad, strong and sharp lancet obliquely through the sac of the abscess, pressure of the hand being steadily continued during the flow of the matter. Should any curdy substance block the opening, I pass a silver director into the



sac, and by holding it in position perpendicular to the wound, these substances are enabled to pass through the opening freely, when the matter is again allowed to flow in an uninterrupted stream, pressure of the hand being continued during the entire time; and when the matter has nearly, but not entirely, ceased to flow, I then withdraw the director. The skin, being set free, will form a perfect covering over the wound in the sac, and thus prevent the possibility of air entering. The surface of the parts should then be cleaned, and dry lint placed over the wound, which can be kept *in situ* by a broad strip of adhesive plaster. A moderately thick pad of lint, of sufficient size to cover the entire surface occupied by the abscess, should be then applied. I then pass a bandage from above the knee, extending up the thigh and round the pelvis, for the purpose of keeping the sides of the sac as closely in apposition as possible. After three or four days I remove the dressings, and I have always found the wound healed."—*Dublin Jour. of Med. Sci.*

ALEXANDER'S OPERATION.—A few years since Alexander, of Liverpool, instituted an operation for extreme retroflexion of the uterus, which consists in cutting down upon the round ligaments where they enter the inguinal canal, pulling them forward and stitching them to the abdominal wall. This operation has been done a number of times in this country by Dr. Wm. M. Polk, of New York. It is attended with some danger, and from the nature of the parts and the forces governing the position of the uterus, it does not seem likely to be of permanent value. Doubtless, the same forces that retroflexed the organ will continue active and bring about the same result after the operation.

Concerning many points in minor gynecological therapeutics, there is much for our consideration, which time will not now permit. Through the influence of the sympathetic nervous system, diseases of the female organs of generation are associated with reflex irritation and remote disturbances, necessitating accurate knowledge and patient investigation for their successful treatment. A more thorough knowledge of general medicine and surgery is requisite in this, perhaps, than in any other special branch of medical practice. The moral and hygienic surroundings of the patient, and those agencies promoting healthful nutrition, must at all times receive attention, in order to succeed in the treatment of uterine diseases.—*Progress.*

**ANTISEPTIC WOOL TAMPONS IN UTERINE PROLAPSUS, EROSIONS, AND PELVIC INFLAMMATIONS.**—Dr. James Etheridge (*Amer. Jour. Obstetrics*) calls attention to the use of antiseptic wool as vaginal tamponment in pelvic inflammations, and I wish to corroborate what he has said upon the subject. This wool is finely carded, and free from all oil and foreign substances. Etheridge cuts off a piece, of such length as will nicely fit into the vagina, and with the patient in the genu-pectoral position, with the perineum retracted, the tampon is stuffed into the vagina and left there. The upper end of this tampon can be soaked in any antiseptic solution, as boro-glycerine or listerine; and with a piece of string attached to the lower end of it, the patient can remove it, and douche the vagina, in readiness for the next tampon; and in this way, tampon after tampon can be introduced, and the uterus held up to the highest possible level, and advantage taken of the drainage from the uterus of the superabundant amount of blood. The inflammations of the uterus we are called upon to treat are not active, but chronic, and if we hold the uterus up so that it can drain itself properly through the veins, the nutritive changes will be facilitated to the greatest extent. In this way the greatest comfort is experienced. These tampons are removed after four or five days without the slightest odor. When the uterus is enlarged it becomes heavy, sinks, and presses the veins which carry the blood out of the uterus, and we have strangulation. By raising the uterus up, the blood flows freely, and the nutritive changes tend always to health. One outgrowth of the use of this tampon may be that many cases of laceration of the cervix now operated upon may escape operation.

My method differs slightly from that of Dr. Etheridge, in that I take a layer of the wool, of sufficient size for a good tampon, and lay it out so as to sprinkle a dry antiseptic upon it. Then roll it up, and tie a string around the center. I use boric acid, iodol, zinc, or any antiseptic I may prefer; bending and doubling the tampon upon itself, I dip it into glycerine; then I introduce it through a speculum.

I find antiseptic cotton will shrink, but the wool spreads out and holds better to the walls of the vagina.

This method I employ in erosions, cancer, prolapsus, leucorrhœa, gonorrhœa, metritis and endo-metritis. I have been surprised at

the rapidity with which many cases recover. Even in those cases of laceration of the cervix in which I thought an operation would have to be performed the os uteri has contracted and assumed a more natural form.

SICK HEADACHE.—*Dear Doctor*: Allow me to call the attention of the medical profession to fl. ext. guarana (paullinia sorbilis), (P., D. & Co.), which I tried in three cases of sick headache. The first dose, 20 gtt., lessened and the second dose, followed in fifteen minutes, stopped the headache entirely.

Respectfully yours,

F. V. FRANCKENSTEIN.

LIGATING ARTERIES.—Dr. Rennie, in *Brit. Med. Jour.*, says: When picking up an artery of any size, give the vessel a complete twist on its own axis. It is easily done by twirling the forceps between the finger and thumb whilst holding them for the ligature to be applied. This accomplishes two things: first, by temporarily closing the artery, it prevents any blood oozing between the blades of the forceps; and, secondly, by freeing its divided end from the surrounding connective tissue, it causes it to "stand out," so that it can be easily seen and ligatured without any risk of including other structures. I have found this little manœuvre so valuable in dealing with large vessels, that I venture to put it on record here.

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WE have no stereotyped plan on which to run this journal—no ritualistic rigidity to take the place of better matter. We suggest to our correspondents that they construct their sentences well; spell and punctuate correctly, so far as they can; and thus lessen the labor of the editor. We are crowded with work, and cannot rewrite manuscript for the printer. We are often made ashamed of our errors that creep into the JOURNAL, notwithstanding our watchfulness. Our foresight is not as good as our hindsight. Write only on one side of the paper, and always read it with a view to criticism after you have written it. Don't ask to excuse bad writing and spelling. We are truly thankful for the cöoperation of our friends. Our original matter exceeds that of any other in this country, and we are glad to know that our efforts are appreciated by our readers

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## EDITORIAL.

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### GASEOUS ENEMATA IN PHTHISIS, ASTHMA, SEPTÆMA AND OTHER AFFECTIONS.

We are in the midst of great excitement over the use of gaseous enemata for the treatment of pulmonary diseases and septic conditions of the blood.

To Dr. Bergeon, of Lyons, is due the honor of having inaugurated this movement.

In July last, he communicated to the French Academy of Science, a series of experiments made with various gases and vapors, injected into the rectum, and, after frequent trials, was led to

abandon many of them on account of their local irritant action. He found, however, that a mixture of *carbonic acid gas* (carbon dioxide), and sulphuretted hydrogen (sulphide of hydrogen), could be administered with safety through the bowels when completely deprived of atmospheric air.

Bergeon evidently siezed upon the ideas of Bernard, who, in 1857, advanced the theory, that poisonous gases taken into the system through an organ at a distance from the *arterial* blood, could not penetrate this current because of the ready elimination of the gases through the exhalants.

Bernard experimented upon animals with sulphuretted hydrogen. Injecting this gas into the bowels, he found that it was expelled by the lungs without harm, but if inhaled into the lungs, the animal died of suffocation or poisoning. A small amount, thus inhaled killed, while a large amount injected into the rectum could be administered with impunity, when free from atmospheric air.

Bergeon put these facts to the test on the human subject, and, in phthisis, especially, he has found what promises to be a boon in this dread disease.

Gaseous enemata has, therefore, for its object the introduction of sulphuretted hydrogen into the economy in amount sufficiently large to act upon the consumptive process as an antiseptic.

Introduced into the rectum it becomes absorbed by the intestinal venous system. Passing through the portal vein to the liver, from thence to the right cavities of the heart, and from thence, with the venous blood through the pulmonary artery, to the lungs, where it is immediately eliminated. The proof of this is very clearly made in a very few minutes after an enema, as it is detected upon the patient's breath.

The germ theorists assume that the beneficial effects are due to the power of the antiseptic gases destroying the bacillus, but this does not necessarily follow, since the gases act upon the suppurative and septic surfaces through the virus of decomposition.

The theory on which gaseous enemata is based seems in every way reasonable. The human body has the power of inhalation and exhalation. By inhalation the vapors enter the *arterial* blood and by exhalation they pass through the *venous* blood.

It has been proven that these gases act as poisons when taken in-

to the arterial system, and it has been equally shown that the venous blood, carrying the effete material, throws off carbonic acid through the lungs.

While it has been claimed that sulphuretted hydrogen, administered by injection into the bowels, is comparatively innocuous, certain cases have been reported in which disagreeable effects have followed—a few cases of exhaustion, dyspnoea, diarrhoea and severe colic, but these effects have been attributed to want of necessary precaution.

It is essential, therefore, that the gas should be pure and free from atmospheric air, that it should be collected in a reservoir from which the air has been excluded, and that the injection should be made at least an hour before meals, or not till three hours after meals. That the injection should not be taken while the patient is weary, and it is more satisfactory when the bowels have been emptied by an enema of warm water.

The experiments have not yet reached that point when this procedure may be called curative, but it is being tried most extensively just now. So great is the sale of the apparatus that manufacturers can hardly supply the demand. The good effects reported have been astonishing, and in a short time we shall be able to report as to the real value of gaseous enemata.

The effects thus far may be embodied as follows :

Rapid amelioration of the suppurative phenomenon in phthisis ; marked lessening of the cough and expectoration ; improvement in the breathing ; relief of night sweats ; lowering of the temperature ; slowing of the pulse ; improvement of the appetite, and increase in the weight of the body.

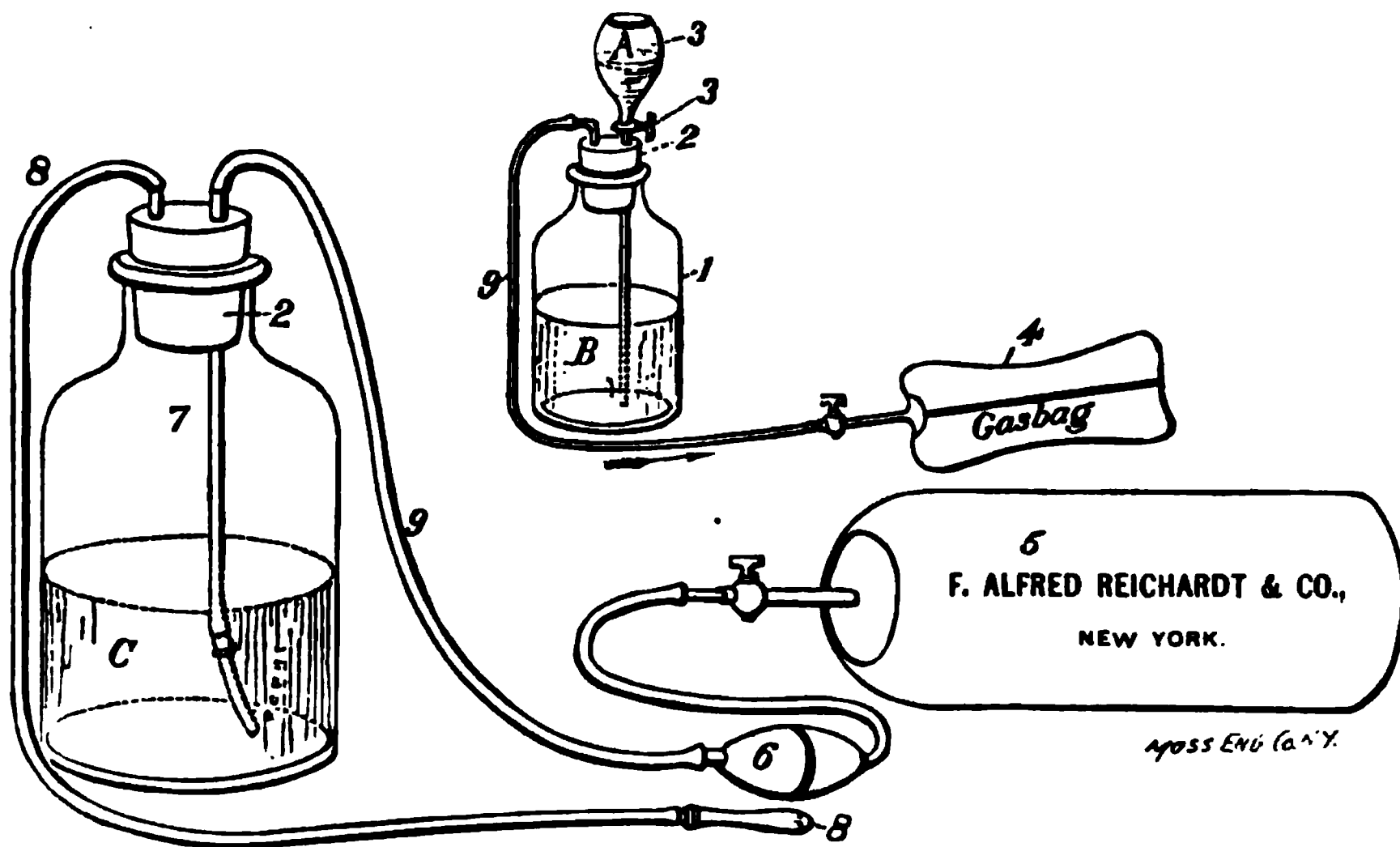
In some cases a lesser degree of improvement, and in a few cases no improvement.

The treatment seems specially applicable in tuberculosis, but has been of value in bronchitis, whooping cough, asthma, typhoid fever, eruptive fevers, septicæmia and gonorrhoea.

We proceed now, to describe the apparatus and the methods of its manipulation :

A generator, reservoir, wash-bottle, rubber bulb and rubber tubing complete the apparatus as devised by Dr. Morel, according to Dr. Bergeon's method. Put in case.

**Generator.**—This consists of a wide-mouthed bottle, provided with a rubber cork having two perforations; one for a flask holding dilute sulphuric acid, the other connecting with the gas-bag or reservoir.



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| 1. Generating bottle.                    | 7. Bottle for washing gas or impregnating with medicated volatile substance. |
| 2. Perforated Rubber Cork.               | 8. Rectal Tube and Nozzle through which gas is administered.                 |
| 3. Vessel for Sulphuric Acid Dil.        | 9. Connecting Tubes.   |
| 4. Gas Bag with Stop-cock receiving Gas. |  |
| 5. Gas Bag filled. [out of bag.]         |  |
| 6. Syringe Bottle to pump Carbonic Acid  |  |
| A. Diluted Sulphuric Acid.               | B. Bi-carbonate Soda or Potash in Water.                                     |
|  | C. Water or Medicated Solution.  |

To generate the carbon dioxide, put one ounce of bi-carbonate of soda into the generating bottle and with it one fluid ounce of water. Fill the small flask (A) with dilute sulphuric acid, made by adding one drachm of strong acid to each ounce of water. By opening the stop-cock (3), allow a teaspoonful of the acid solution to drip into the generating bottle on the bi-carbonate. This should be done before the reservoir is connected so as to exhaust all the atmospheric air from the generator. The gas-bag must also have the air thrown out of it before connecting. This is done by rolling it tightly towards its mouth, and in this position it may be connected.

A slow addition of the acid may now be made until the reservoir is filled. If proper precautions are not taken the whole of the acid may be lost and severe damage occasioned by the bursting from the generating apparatus.

Having now the carbon dioxide in the reservoir, it must pass through the wash-bottle on its way to the bowels of the patient, thus evolving sulphuretted hydrogen.

The sulphuretted hydrogen may be obtained in two ways; one by natural waters being impregnated therewith, the other by making a solution of sulphide of soda.

Fill the wash bottle nearly half full with water, and to every fluid ounce add one grain each of sulphide of soda and chloride of soda. The carbon dioxide must now be passed through the solution.

The wash-bottle and reservoir must be connected with the rubber hose containing the valved hand-bulb (6) and to the glass tube reaching to the bottom of the chloride solution. The other rubber hose (8) is connected with the wash-bottle, and on its distal end is fitted the rectal tube.

The patient having loosened his clothes so that there is no constriction about the abdomen or thorax, lies down on the bed or lounge, and turns on the right side.

Before introducing the tube into the rectum, all the air must be displaced from the wash-bottle and rubber hose. Water absorbs about its own volume of carbonic dioxide.

The solution when first made is of a clear greenish cast, when impregnated with the dioxide it gradually changes to a milky white. When this color is obtained the sulphurated hydrogen is freely liberated and the air exhausted.

The syringe pipe is now well inserted into the rectum and the gas pumped very slowly.

From one to six quarts is the amount administered. If pain ensues, pause for a few moments, then resume, and so on until enough. Begin with one or two quarts and gradually increase from day to day.

Inject two or three times a day. A little instruction will soon suffice for the patient, friends or nurse to administer the gas. The sulphide solution will answer for three or four injections before it requires a renewal. The carbonic dioxide should be fresh. A few minutes rest is required after the injection. In four or five minutes



after the enemata the sulphuretted hydrogen can be detected on the breath. The patient perspires profusely and there is a feeling of warmth.

We are indebted to F. Alfred Reichardt, of New York, for the cut illustrating this subject, who also keeps the apparatus in manufacture. To the *Polyclinic* and *Medical Register* we are also indebted for many suggestions on this subject.

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### ABSCESS OF THE MAMMÆ.

A mammary abscess is usually quite tedious and painful. Whenever an inflammation involves glandular tissue, though its intensity be acutely great, the process is slower than in other tissues on account of the density of structure.

Suppurative inflammation sometimes occurs in new-born babes. I have seen a number of cases where the gland inflamed and terminated in purulent collection, necessitating the use of puncture. An abscess, however, is much more frequent during the period of functional activity. Occasionally it occurs in girls at the age of puberty, but practically it may be regarded as a disease of lactation.

Inflammation of the mammary gland is usually due to the first introduction of lacteal secretion. The gland is wholly destitute of intrinsic eliminating elements, and depends upon the infant's suckling for the unloading of the lacteal secretion. If this aid is deficient, and artificial methods are poorly supplied, the milk distends the tubes beyond the physiological capacity, and disturbance, both local and general, follows. The breasts become full, hard and painful; streaks of redness are often seen extending to the axilla, and the lymphatics become sympathetically involved.

Another cause of mastitis consists in a lesion or excoriation of the nipple. It is a well-known fact that the *lymphatic* glands become irritated, indurated, inflamed, and suppurate, from a peripheral lesion. The surface lesion may even be at a distance, but the first group of glands that receive the fluid from the lymphatic streams coming from the peripheral ulcer are the first involved. The mammary gland is not exempt from this law. Hence, an abrasion on the nipple, even though non-specific, is capable of producing mastitis and abscess.

Let these conditions be associated with an irritable and nervous

organization, and add to this errors in diet, colds and worry, and we have the totality of causes entering into the formation of mammary abscess.

A woman who has passed through a confinement with the torture of an inflamed breast dreads the next mastitis more than she does the throes of labor. A recurrence is most likely to take place, owing to the fact that the walls of the lacteal tubes have become adherent during the former inflammatory process, and hence the lacteals are more or less obstructed.

A prophylactic treatment may be adopted to prevent the coming crisis. The nipple may be daily bathed with cold water during the latter months of pregnancy. When the child is born the nipple should be well protected from excoriation and maceration. Applications of vaseline or oil is a measure not to be neglected. If the sucking is insufficient to carry off the secreted lacteal, the use of a breast-pump should be adopted.

Symptoms of inflammation in the gland may be aborted by the internal administration of tincture of phytolacca, 6 to 8 drops in water, every two or three hours. A rise of bodily temperature will call for aconite. A liniment, composed of: R. Camphor. pulvis, 3j.; chloral hydrate, 3j.; olive oil, 3iij. The first effort of the physician is to dispersion or resolution of the inflammatory process. A throbbing sensation may call for hot anodyne poultices. Pulverized elm bark, with a few drops of carbolic acid, is to be preferred to flaxseed. A fluctuation calls for the use of the knife. A narrow blade should be selected—such as the tenotomy knife. The edge should be set toward the nipple; a cross-cut wounds the lacteal tubes. The earlier purulent matter is evacuated, the less tissue destruction we will have.

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### **“SHALL WE ABANDON LISTERISM IN SURGICAL OPERATIONS?”**

For several years, Prof. A. J. Howe, M. D., of Cincinnati, has been throwing stones at the doctrine of what he terms Listerism. We have been curious to know what he means by Listerism, and whether his ideas on the definition of this newly-coined word were in accord with the general acceptance of the term. The National meeting, which is to convene at Waukesha, Wisconsin, June 15th, has ar-

ranged for the professor to take the affirmative of the proposition heading this article, and we are to expect of the doctor all that is in him, and all that has ever been, or else hereafter forever hold his peace. Dr. Howe has given this subject study, and knows how to wield his words with good effect. In other words, we expect this to be the greatest effort of his life. We have thought, of course, that he has been a little too conservative in his maintenance of the older customs, but perhaps this may be for want of understanding. Twenty-two years ago the great doctrine of asepticism was first enunciated by Lister, and though the theories attending its introduction may not all be established, the principles have triumphantly withstood the most searching tests, and now they stand as laws of the first magnitude in successful surgery.

Since 1865, when Lister first put forth his method of treating wounds on certain well-defined and definite principles, three facts at least have been clearly sustained :

1. Operations that were before this period regarded as extremely hazardous, and undertaken only by the boldest surgeons—then but seldom—have in recent times been more commonly performed by the timid, and crowned with a greater per cent. of recovery.

2. With antiseptic surgery came these achievements of success, until the doctrine and system of asepticism has developed into a fair state of perfection.

3. While the use of antiseptics may in part be based on certain theories erroneous within themselves, the recoveries and successes have not been due to a belief in these theories, but in the practice of asepticism.

A broken reed is strong only in proportion to its weakest point, and I now begin to fear that our opponents to Listerism are trusting to asepticism after all. Of late there has been a kind of hauling in all along the line.

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### ST. LOUIS HEALTH COMMISSIONER.

Mayor Francis, of this city, has appointed Dr. George F. Dudley to the office of Health Commissioner. We believe that Dr. Dudley is the right man in the right place. Heretofore we have had a mere civilian as the chief controller of the sanitary service. The

doctor having served in official capacity in years past, we believe he is eminently qualified to preside over our health affairs, hospitals, dispensaries and asylums. I believe the medical profession, and more especially that portion interested in the education of medical men, will be more than thankful to the Mayor for this appointment, from the fact that our hospitals and charitable institutions are teeming with material that could be utilized in clinical teaching without hurt to any one, thus making the city of St. Louis one of the greatest centers in the United States for instruction in medical science. While we have no special reason to complain of our former administration over these affairs, we believe improvement may be made, and having one now in this position looking impartially to the interests of sanitary science, and, secondarily, to medical science, we shall hope for greater improvement than we have had heretofore. We have reason to believe that our present Commissioner will take into account the interests of the citizens, and of medical science, more than that of "red tape," which has heretofore characterized the management of these affairs. So much so, indeed, that our City Dispensary has almost sunken into a useless affair, and the manner in which it has been conducted has been the great incentive for the erection of like institutions to gratify a few advertising men for self-aggrandizement, thus making the question of charity of secondary importance.

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### MEDICAL SOCIETIES.

I would call attention of physicians to the importance of attending the approaching meetings of medical societies. There are matters of vital importance that need consideration, and a cöoperative movement is needed along the line. It is not well to leave such matters go without a personal interest. The future should not be entrusted to a few men. Remember the National, at Waukesha, Wis., June 15th, 16th and 17th. On June 14th the Wisconsin State Society meets at Waukesha. The Missouri State Society meets June 2nd and 3rd, at 310 North Eleventh Street, St. Louis.

The Council of the English Society for the Study and Cure of Inebriety have arranged for an International Medical Congress, to be held at Westminster Hall, London, Eng., July 5th and 6th, the object of which is to discuss the problems of inebriety, medically,

and from a purely scientific standpoint. Through the Chairman of the American Committee, T. D. Crothers, M. D., we have received a cordial invitation to be present and participate in this meeting. We regret that we cannot be there, though we take this method of extending our sympathy and congratulations. We are glad to know that the subject of inebriety is receiving a more scientific consideration than what it has hitherto. Let it come to the front, not as a mere moral and physical sin, but as a disease that is entitled to professional and scientific study.

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### MEDICINE AND MONEY.

The physician who values his time and advice is the man who is appreciated.

He who sells himself for nothing, generally gets all he is worth.

He who goes for half-price, when patients are able to pay a reasonable fee, goes for more than he would bring on the market.

Should two physicians living side by side charge the same fee? No. Let the one charge the accustomed fee, and the other go below that, so the community can grade their worth accordingly.

A community never values a physician higher than he values himself.

He who works for love may gain the reputation of a Good Samaritan, but Good Samaritans are not all good doctors.

No greater mistake was ever made than to impress the community that doctors are poor business men. Straight-forwardness, promptness, reliability and firmness are elements by which a man's qualifications are determined.

The world, by some means, has gained the impression that a physician without system in his business relations makes a poor medical adviser. Better to work up to the scratch than to attempt a reform on this subject.

The man of muscle expects his money when his work is finished. Is there anything in medicine, or in the necessities and wants of a physician to justify a longer delay than with others? Nothing; only as doctors make it. Don't expect your fee right away, and you won't get it.

Put off the presentation of your bill for a year, and the patient will conclude that your services were worth but little, and that you knew it.

Never try to gain a practice in a community by charges below the usual and reasonable fee. If you do, you will move to another quarter and wonder why you were not appreciated.

The time has arrived when medical men must expect an immediate return for their services.

A physician's bill is a debt of honor. Bankruptcy cannot affect the obligation. The grocer and dry-goods merchant may be put off a little, but the physician is more than tea and sugar, coffee and calico. He attends at all seasons and all hours; he adds his sympathies and interests; he bears a part of the anxieties in the trying moments, and advises at all times in pain and peril. Don't tell me that such ought not to be rewarded.

The real business man charges for his services, and collects his bills. To such, a patient will say: "Here, doctor, is your claim. I thank you for your kindness and attention. When my folks get sick, you are our physician."

Withal, be good to the poor. You have them always with you. It is often cruel to accept pay from them. Be systematic in business, so that you will be able to give when and where it is required.

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### THE AMERICAN MEDICAL COLLEGE.

At a recent meeting of the Board of Trustees of this college, all necessary arrangements have been made for the coming college year. Vacancies have been filled. Dr. H. S. D. Berry was elected to the Chair of *Materia Medica* and Therapeutics. Dr. H. I. Henderson, to the Principles and Practice of Medicine and Clinical Medicine. Dr. Pitzer changes to Electro-Therapeutics and Nervous Diseases. Dr. E. J. Williamson has been added on Venereal and Diseases of the skin. Dr. E. Younkin has also been created Dean of the Faculty. The rest of the professors retain their respective positions—eleven professors in all. Thus the college is fully equipped for the work of the coming college year. The Fall and Winter Session to begin September 5th, 1887. In the advertising pages of this issue will be seen the College Announcement, where it can be found by all our readers, and it is thus preserved as a ready reference. We will be obliged to anyone sending us the name of a medical student in his community. Announcements sent on application. Address,

E. YOUNKIN, M. D.,

1015 Garrison Ave., St. Louis, Mo.

**INFANT FEEDING.**

We commend to our readers a thoughtful reading of the articles in this issue by Lemon T. Beam, M. D., and A. A. Coleman, M. D. Seldom do we have two minds, distant from each other, running so nearly parallel upon the same subject. A subject, too, that is just growing into an importance, from the approach of summer's heat, when the greatest care, both upon the part of the mother and the physician, is required in the prevention of the fearful death-rate among infants. This mortality is not all due to the heat of summer. Carelessness and ignorance are partly responsible for much of the illness and mortality of infants. Those who have the care of children need to study well the lessons of adjustment—to learn that what is food and life in winter may be poison and death in summer; to learn that what will nourish one child will starve another; or, on the other hand, may surfeit another.

Take a certain number of *physiological* infants—no two of them are alike; their differences do not cease with their physical appearances, but they vary in their digestive powers, and in their assimilation, and these functions are more easily disturbed in some than in others. Children that are nourished by the breast do not all receive the same amount of nutrient elements. These elements are usually in proportion to the health and vigor of the mother. Hence, mothers' milk differs greatly in these elements.

Again, the mothers' milk may be rich with these elements, still, on account of some direct interference to the infantile functions, the food is not appropriated.

When a child is to be raised by artificial feeding, the question of food becomes a still more serious problem. Cows' milk is, perhaps, the best substitute, but it is a well-known fact that the elements of cows' milk were combined for calves and not for babes, and that a considerable difference exists between cows' milk and that of the human being. A principal variation lies in the excess of caseine in cow's milk. The caseine of cows' milk is not only in excess, but is tougher and harder to digest. The mother, recognizing this fact, seeks to remedy the difficulty by diluting with water; and watering the milk, she lightens other elements that were rather deficient, and thus starves her child. Really, cows' milk is not rich enough; and to water it, only impoverishes it. If milk is watered, it should have

more cream in it, and more sugar—not cane sugar, but sugar of milk. These two later elements are heat-producing, and if deficient, and with this add a deficiency of clothing, and you have one of the grand factors of infantile waste. The only way, therefore, of overcoming these difficulties, in my opinion, is to add the deficient elements—cream, cane sugar, and a little bicarbonate of soda; then, by the aid of pepsine and warmth, digest the excess of caseine before entering the child's stomach. These in proper proportions form the best artificial food of anything with which I am acquainted.

But it is one thing to feed a child whose digestion is active, and quite another to nourish one who is sick and feeble, whose digestive powers are correspondingly weak. When an adult is sick, we take the precautions to prohibit crude ingesta. We order beef tea, broths and other easily digested foods. The same rule holds good in infantile diseases. The mother's milk is the standard of infantile nourishment. The pathological infant cannot go above this standard in its power to digest; it must rather go below. If an infant will eject its mother's milk, what will cows' milk do? It will be a source of annoyance and irritation. During the last summer, I had them where the digested milk would not remain on the stomach. Then I resorted to the juice from mutton steak. Thus, I carried children through the severest of cholera infantum. I now have under treatment a little girl, six years of age, who takes no nourishment but cows' milk. After taking the milk for a time, she has a convulsion. She vomits the tough milk curds, and is then better. I have ordered that her milk be digested with pepsin, or that the essence of pepsin be taken with her milk, and I shall be disappointed if I do not cure the convulsions.

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### BOOK NOTICES.

A TEXT-BOOK OF PATHOLOGICAL ANATOMY AND PATHOGENESIS.—By Ernst Ziegler. Translated and edited for English students, by Donald Macalister, M. A., M. D. Three parts complete in one volume. Octavo, 1118 pages; 289 illustrations. Price: extra muslin, \$5.50; sheep, \$6.50. New York: William Wood & Co.

There is no addition to my library that I prize more highly than this book. The very rapid sale of Ziegler's works in Germany



should commend this English edition. More especially should this be the case when we have three parts in one. The subjects—Malformations, Anomalies of the Blood and Lymph, Disturbances of Nutrition, Inflammation and Inflammatory Growths, Tumors, Bacteriology, and many other like subjects—are clearly written and expounded. We commend this work most heartily.

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**A PRACTICAL TREATISE ON OBSTETRICS.** Vol. III. (4 vols). The Pathology of Labor. — By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. III. of the "*Cyclopedia of Obstetrics and Gynecology*" (12 vols.), issued monthly during 1887. Price of the set, \$16.50 New York: William Wood & Co.

We have made mention in previous issues of this journal of the former two volumes of "The Cyclopedia of Obstetrics and Gynecology." Our opinion of these books increases more favorably as we advance in the investigation. They are an ornament to any library, and for service in the study of obstetrics and gynecology most useful.

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**PHYSICIANS' LEISURE LIBRARY.** Twelve books. Paper covers. Various subjects treated by eminent authors. Series complete, \$2.50. Single copies, 25 cents.

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**PRACTICAL BACTERIOLOGY.**—By Thomas E. Satterthwaite, M. D.

This is a monograph on the outlines of bacteriology, and is designed more especially for students. The first chapter is devoted to germ theories. The concluding chapters are intended to give instruction relating to appliances, methods of culture, examinations and investigations.

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**PREGNANCY, PARTURITION AND THE PUERPERAL STATE AND THEIR COMPLICATIONS.**—By Paul F. Mundé, M. D.

This book contains the merest outlines of the subjects mentioned. The space, of course, will not admit of extended articles and theories. Its design is a ready companion for obstetric use. Part of the Leisure Library, published by Geo. S. Davis, Detroit, Mich.

## NOTES AND PERSONALS.

SPECIALISTS on everything now but the umbilicus.

RATHER a nice picture that—a photograph of the interior of the uterus, by a Swiss physician.

DR. HELMUTH, homeopath, and Dr. Loomis, allopath, consulted in the last illness of Henry Ward Beecher. Beecher died.

Two of the "regular" brethren have gotten into a fight in St. Louis. The result is they don't "recognize" each other.

"BAKED BEANS" is the title of a brochure laid on our table. Its theory is all right, but we prefer Bergeon's method.

IN one of those "remarkable cases of surgery" reported in our Western papers by some Eastern physicians, "an incision was made to the right of the *center bone*, along the margin of the *vetus* muscle." Another bold piece of surgery was the resection of the *os cupri*." These we suppose to be the first operations of the kind in this country, and will perhaps be the last, until our anatomists locate the center bone, vetus muscle, and os cupri.

"HOME KNOWLEDGE" is the title of a new magazine edited by Robert A. Gunn, M. D., New York. The first volume, comprising 64 pages, is before us. The editor says, "it is to be the expositor of home progress, and we shall spare no reasonable endeavor to make it worthy of favor and support." The first pages are graced by articles on "Heredity," by A. Wilder, M. D.; "Good Health Society," by Joel Benton; "How Much Should We Sleep?" by C. E. Miles, M. D., etc.

ARTICLES for the JOURNAL should be in the hands of the editor by the 10th of the month, to insure insertion in the next issue.

WE have in our office the best, neatest and most convenient gynecological and surgical chair I have ever seen. It can be changed, with but slight manipulation, to any position desired. I now wonder how I got along in former practice without it. It is the "Harvard."

THE Lambert Pharmacal Company revives our spirits this month by a renewal of their page on Listerine and Lithiated Hydrangea. So also Battle & Co., who make Bromidia, Papine and Iodia, stand out in bold relief.

A RECENT exchange says a young man recently entered a dispensary in Chicago and enquired if that was the place where they treated diseases of women. When answered that it was, he said: "Well, I've got a disease of a woman, and I want to be treated."

THE season of the year when Lactopeptine is in greatest demand is now at hand. For summer diarrhoeas of children I find nothing to equal it. A common prescription of mine for feeble digestion and the dyspepsia of old people is: *R.* Lactopeptine,  $\mathfrak{z}$ ij.; acid phosphoric dilute,  $\mathfrak{z}$ iiij.; tinct. nux vomica,  $\mathfrak{z}$ ss.; syrup auranti cort., q. s.,  $\mathfrak{z}$ iv. *M. et S.* A teaspoonful to be taken after each meal.

For invalids, and especially in convalescence, Reed & Carnrick's Beef Peptonoids stand unrivaled.

THE Wine of Erythroxyton Coca, as prepared by Mariani & Co., is a very palatable preparation, and seems to possess all that is claimed for it.

THE Liebig Pharmacal Co., New York, are deserving of credit for several excellent preparations, among which may be mentioned their Cherry Malt Phosphates—a delicious stimulant and nutrient adapted to the sensitive and nervous.

NAGELI estimates the weight of a bacteria at one ten-thousand-millionth of a milligramme.

THE editor of this journal has received a cordial invitation to a dinner by the Eclectic Medical Society of the City and County of New York, May 17th, 1887. This must either be a joke, or else this society has had so much to eat, or so few to eat it, that they want us to help get away with the "scraps," for the invitation came too late to be at the first table. At all events, we must forego the pleasure of the New York dinner just now; but if we ever get that way, Chairman Boskowitz will have to set up the oysters.

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### NECROLOGICAL.

POTTER. — Clara Ada, wife of George E. Potter, M. D., of Johnstown, Pa., died on April 10th, 1887, æt. 27 years.

Dr. Potter was married to Miss Holloway, at her home in Wooster, Ohio, March 23rd, 1880. With two young children left to his charge, he now mourns his and their great loss. We tender our sincere condolence to Dr. Potter in his great affliction.



Respectfully Yours  
L. E. Russell, M.D.

# THE AMERICAN MEDICAL JOURNAL.

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## *ORIGINAL COMMUNICATIONS.*

### **MEDICAL EVOLUTION.\***

BY LORENZO C. RUSSELL, M. D.,

President of the National Eclectic Medical Association.

To trace the development of medical knowledge from its earliest conceptions ; to note ridiculous theories in regard to diseases and their cures ; to track medicine through fetichism, demonology, astrology and alchemy ; to follow it from the grossest empiricism to the evolution of rational therapeutics, will constitute the leading features of my ambitious theme on this more or less momentous occasion. I would not burden your ears with a labored recital of medical history, for such can be read in any encyclopædia. My object is to show that the practice of medicine had its beginnings in the instincts and necessities of our being ; and that it has developed as have the principles and institutions of our civilized life. Defects in our organization have necessitated surgical appliances and operations for the cure of deformities. The successful closure of a cleft-lip consists in a method comparatively modern ; circumcision was first executed with the thin edge of a chipped flint. Mother Eve soothed the colics of her children by the administration of

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\* Annual address, delivered to the National Eclectic Medical Association, June 15th, 1887, at Waukesha, Wis.

copious draughts of herb teas; the experience attained in treating the bodily ills of Cain and Abel laid the foundation for the after-growth of medical practice. The Bible is meagre in accounts of the diseases and remedies of the earlier inhabitants of the earth, but enough has been transmitted to indicate "that the leaves of the trees were for the healing of the nations;" that the tyrannical Egyptians were smitten with plagues, because they would not let the captive Israelites depart in peace; that the good man, Job, was smitten with boils; that David was assaulted with bodily afflictions; that the good, kind Asa, being diseased, appealed to the physicians, and the result is simply stated: "And Asa slept with his fathers." This is the first account of physicians that we have. Millions, since his time, have had a similar experience—some to drag out a most miserable existence, by being leeches, blistered, bled, physicked and salivated, enduring all the torments of the damned.

We read, in the New Testament, that Lazarus was smitten with sores; that Simon Peter's wife's mother lay sick of a fever; and that a certain woman was afflicted with several diseases, and employed many physicians, and got no better, but rather grew worse, having spent all she had, as the sick sometimes do under modern methods.

There has been marked progress in medical and surgical practice since the primitive therapeutics of Hippocrates and Galen; since the days of Rhazes and Avicenna; since the mediæval discoveries of Vesalius, Harvey and Hunter, and even since the enlightened teachings of Sydenham; yet we flatter ourselves that there has been more headway made in the last quarter of a century than was attained during the brilliant periods of both Grecian and Roman histories.

Let me mention some of the surgical operations of the last twenty-five years, as illustrating what I have just said: The removal of tumors and cicatrices from the brain; the excisions of the entire tongue, the larynx, and of the thyroid body; removal of portions of ribs for the drainage of émpyema; the extirpation of the spleen, the kidney, and the pylorus; of portions of the intestines and vesical tumors; operations of various kinds on the liver and gall-bladder; and, finally, the perfection of ovariectomy and hysterectomy.

We often hear medical men boast of the advance of the science of medicine and surgery, yet the art of sculpture reached its final development nearly two thousand years ago, and no sculptor of modern times can hope to excel the triumphs of the ancient Greek. The classic purity of the frieze of the Parthenon, the Venus de Medici, the airy lightness of the Apollo Belvedere, the force of action in the Laocoon, the truth of expression in the Dying Gladiator, are beyond rivalry. In painting, we find the same early attainment of perfection in art; and the great masters of the Italian, the Flemish, the Spanish schools, of the 16th and 17th centuries, attained a degree of excellence, which, if equalled, has certainly never been surpassed by successors.

And now, in the afternoon of the 19th century, we are just beginning to learn the land-marks of our art and science. The sculptors of classic Greece knew the outlines of the human form to perfection, but the medical men of that age knew not what might be inside the body. The professors of medical art were wont to boast that they sprung from the gods, and that the healing art was of divine origin. It would seem, from both profane and modern histories, that boasting has been a leading feature in medical practice ever since the world began. Paracelsus was the chief of boasters, yet for years he was teacher in a regular medical institution.

Medicine has been unfortunate in its inceptions and growth. It has been too often used to advance selfish ends. Frequently it has been associated with priestcraft, to further the causes of the church; and during the reigns of the Tudors it was associated with royal offices. Both kings and queens "touched" people to make them well—thousands were thus cured every year, if reports be true. Superstition once stood in the way of scientific medicine; hence the restricted progress to be chronicled.

The early Egyptians knew enough of the antiseptic qualities of certain spices and balsams to succeed in the art of embalming. In their experiments with preserving material, they must have stumbled upon many curative agencies. We know that on the renowned walls of ancient Thebes there are still to be seen baso-relievos which display surgical operations executed with instruments not very different from those in use in our day. In teaching the evolu-



tion of medical practice it is astonishing how often and to what extent history repeats itself.

The greatest obstacle has been in wresting medicine from the hands of an ever-influential priesthood. The ruling classes were slow to relax a grasp which was potent in swaying the minds of the populace. Rational ideas were held in the background. Hence the fact stares us in the face, that it took centuries to accomplish what ought to have been achieved in as many years.

The early Greeks absorbed medical notions from the Egyptians, and inculcated the idea that healing powers were vouchsafed to man through divine condescension. Apollo was the original god of medicine, according to Grecian mythology, but having a multiplicity of other duties to perform, he consigned his medical dignities to Æsculapius, who became the founder of what was passed as a system of medicine, yet which consisted in little beyond the application of soothing herbs to ulcers and bruises. And, for a thousand years of brilliant Grecian history, including the development of the grandest heroes and statesmen, the most talented architects and sculptors, the profoundest philosophers, and the most charming poets, down to the commencement of the Christian era, including the creditable contributions of Hippocrates and Galen, little worthy of the genius of mankind was done to elevate medicine from the sloughs of ignorance and superstition.

Phlebotomy was introduced as a curative agency, and became an important factor in the healing art, even surviving to our time; though that boasted feature of orthodox medicine is now falling rapidly into oblivion. For two thousand years the lancet was the indispensable implement of the practicing physician, yet in the evolution of medical ideas, the tiny blade had to be consigned to the shades of everlasting rustiness.

All the characteristic features of the "regular" practitioner have been wiped out of existence since the inception of the eclectic school of medicine. Gone are the mighty bleeders of ancient, mediæval and modern times. Gone are the calomel and jalap mixer, the chologogue producer of other days. Gone are the leechers, the blisterers and the salivators, and gone forever.

During the rise and fall of schisms and sects in Grecian and Roman medicine, a school of eclectics arose, and although they

based their principles on experimental knowledge, and claimed to choose the best from all kinds of medical practice, there is no direct connection to be traced between their history and ours.

We have adopted the old name, and what good there was in the method of reasoning and doing; but have stepped to the front, and claim freedom from the thralldom of "the time honored past." The "empirics" and the "dogmatists" of ancient medicine battled each other to keep themselves well advertised before the people, but in their heated controversies no progress was made; no good came to the practice of medicine. In fact, if it had not been for the *vis medicatrix naturæ* in the human constitution, the race would have perished. The windy discussions of ancient antagonists in medicine remind us of the disgraceful squabbles at present taking place between orthodox and heretical schools. The "regulars" claim to be the legitimate descendants of some one of the ancient sects in medicine; but if they can find anything valuable in time-honored methods, they are welcome to the treasure. The medicine of antiquity possesses no honors we are ambitious to share—in truth, we lament the degraded state in which medicine was held through the bright periods of the world's history, and only enjoy a sense of relief from shame in the fact that the present is full of promise.

*The Origin of the Eclectic Practice of Medicine and its Rapid Growth.*—The Thomsonian practice of medicine, which came into notice seventy-five years ago, was not essentially different from a prevailing domestic method of managing the minor diseases of the household by the use of herbs, fomentations, baths, ointments, syrups and diluents. An attempt was made on the part of the founder of Thomsonian to classify morbid activities, and to codify a system of therapeutics in harmony with his ideas of pathology; but there were never enough enunciated to constitute what might be dignified as a system. The announcement of the aphorism that "heat is life, and cold is death," was used as an excuse for the administration of stimulants and sudorifics. Cayenne and lobelia were employed as the foundation of a materia medica in harmony with avowed principles of medical practice. It was fortunate for the advocates of a "heating process" in the treatment of febrile action that the presumed calorifacient remedies produced the opposite effect to what was intended. The sudorific effects of steam and lobelia were

actually cooling instead of heating. We now know that scarcely anything kills so certainly as excess of heat in the body. We anxiously scrutinize the range of mercury in the practitioner's thermometer, and welcome a lowering of the patient's temperature.

A damaging feature of Thomsonism was that its founder assumed to despise learning, and claimed that the illiterate among mankind were likely to make the best physicians. The consequence was that Thomsonian practitioners attracted a set of patrons and champions who were utterly unacquainted with the refinements of the better classes of society. Thomsonian doctors rarely secured as patients those who were above the lower walks of life, verifying the aphorism that "a stream will not rise above its fountain head."

Thirty or forty years ago Dr. Wooster Beach, of New York, published several large books, entitled "The American Practice of Medicine on Reformed Principles." These works embraced pathology, therapeutics, surgery, materia medica and pharmacy. These publications were preceded by a "Family Medicine," and succeeded by a "Treatise on Obstetrics." Altogether, then, Dr. Beach covered the practical branches of the healing art, but did not venture upon anatomy, physiology and chemistry. He was not original in his methods, but a successful compiler of medical literature, and ethically was sufficiently liberal to draw bountifully from all sources of information which pertained to the practice of medicine. He advised the use of vegetable remedies, yet not exclusively—he was not an avowed botanic. He denounced the "root and herb" practice of ignorant pretenders, who, here and there, dealt in "innocent and non-poisonous medication," and by questionable methods deceived those who were credulous and prejudiced.

In the introduction to his first volume, the author says: "When I look back and reflect on the degraded state of the healing art, at the period when the mineral and the depletive practice was almost universally followed—when there was only, now and then, an humble root and herb doctor—and when I contemplate the gradual development of the reformed practice, and the proud eminence to which it has arrived through the untiring efforts of indefatigable pioneers in this cause, I acknowledge an abundant reason for expressing gratitude."

The quotation evinces the right spirit, and shows that the growth

of eclecticism in medicine owes not a little to the labors of Dr. Wooster Beach. He sounded key-notes that awakened a rythmical response in the hearts of thousands who instinctively knew there were crying evils in orthodox medicine. It was felt that regular medicine was too bigoted to correct these chronic ills in its own body. There seemed to exist a suspicion that reform must come from sources outside the ruling and established organization. The "ancient and honorable" supporters of orthodox medicine were too conceited to be instructed, though a revolution threatened inroads upon their strongholds. Dr. Beach saw the necessity for reform, and entered upon the work of reformation. He is not to be canonized as the father of eclectic medicine, for he is not deserving of such an honor. When one man is the head and front of a reformatory movement, the cause becomes constricted and hedged about.

The present status of eclectic medicine has been attained by the combined efforts of many enthusiastic workers. Some of the ablest workers in the great cause are now living, therefore it would be impolitic to speak of their individual merits at present. Though only a few have been prominent in the evolving process, the many have contributed a creditable amount for the general good.

Eclecticism, from the fundamental principles constituting it, thus can never be finished. But a practice which depends upon the teachings of a single individual, as homœopathy upon Hahnemann, must have a limited existence. Eclecticism, from its very nature, must continually develop — must eternally expand. No iron-bound code of ethics to hedge us in, hamper, or make afraid. We are not the patrons of any sect, but of all; and, in our investigations, as free as the air we breathe. Each year we behold new methods and improved appliances; each year fresh champions of the glorious cause press forward in their zeal to place laurels upon the altar of their choice. The veteran may complain that the novice advances too rapidly to be safe, but the spirit of the age is impulsively onward. While haste is not to be commended, we must accept the inevitable.

Our colleges, our journals, and our text-books represent our doings, as well as our progress and our principles. Then, too, eclecticism does not begin and end in our organization, but its influence has reached the reasoning faculties of other schools of medicine.

The homœopath who aims to keep abreast of the times has imbibed eclectic ideas ; and the flinty regular has yielded perceptibly to the liberalizing influences of the age. Not a regular journal is issued that does not contain flattering notices of eclectic remedies. Old-school practitioners are using, more and more, medicines elaborated from the floral kingdom. Indeed, the Ringers and Murrells are working so industriously in our direction, that we shall soon have to be more vigilant or fall behind them.

The change which has come over the average "mineral doctor" is amazing—he is no longer a devotee to metallurgy—he is not an advocate of the alchemy of Paracelsus—he is nearer an enlightened botanic. The manufacturers of vegetable remedies inform me that they sell more of their pharmaceutical preparations to regulars than they do to eclectics—ten to one. What does this mean? Simply that the leaven we lent is leavening the entire lump. Homœopaths run more to animal products as medicines ; and, as they administer remedies in doses whose effects are inappreciable, it will take a century to find out whether the therapeutic effects are baneful or beneficial.

Take the reform movement in medicine all in all, its progress has been immense. We have accomplished more than the most sanguine ever promised, and the end is not yet. We are daily progressing, and each step in advance carries us farther and farther from primitive manifestations.

“Accept, then, the thought, that wisdom fades,  
That knowledge dies of newer truth,  
That our duty, nobly done,  
Walks only with the step of youth.

A grander future floods our skies,  
With higher aims and better light.

Shake then the dusty past, -  
And enter the ‘arena of debate’ to fight.”

A distinctive feature of our principles of action is that we are never satisfied with what is already attained ; we are ambitious to do better and better. In human affairs, perfection is not to be secured though improvements are constantly made. Those who come after us need not wail over the idea that we have left nothing for them to do.

New lands, in our age, can only be discovered by a re-study of old lands. The re-study of Rome and Pompeii have done much toward giving an understanding of the ancient cities. If we discover a new method, it will be by a re-study of living tissues, and a better knowledge of remedial agents for their specific action.

*Specialties in Medicine.*—In the march of progress certain innovations have crept into medical practice. There is everywhere a disposition to take up a department of science and cultivate it exclusively. This has its advantages and its drawbacks. Experienced practitioners are well convinced that general practice must be understood, before much can be done in a special way. What avail would it be for a doctor to set up as a neurologist who had not made himself acquainted with "family practice," so called? It is through an intimate knowledge of all phases of disease that a specialty can be evolved. How can a headache be understood and treated rationally, without an intimate knowledge of all the functions of the body? Without a thorough acquaintance with reflex activities in morbid manifestations? Dyspepsia and constipation lead to melancholy and downright despair; disordered menstruation leads to mania in some of its phases.

A surgeon cannot become master of his profession without first being a good physician. The knife, as a rule, is not to be applied until the resources of therapeutics have been exhausted in vain. John Hunter cured aneurism with the ligature, after he had failed to benefit the trouble with physic. Surgery has grown out of the incompetencies of therapeutics.

Ambroise Pare staunched blood with ligatures, after the army surgeons had, in a great battle, run short of hot pitch as a styptic. The necessities of the occasion become the mother of invention. The discovery of the circulation, by Harvey, opened a field for surgical displays, and for progress in the chirurgical art. The instinctive fear of flowing blood has been the reason why surgery so long occupied a degraded rank as a department of medicine; but with a knowledge of the blood's dynamics, were invented ways and means for restraining hemorrhagic losses.

Political economists advise "division of labor," that the highest degree of skill may be attained. In a country village there usually exists a universal genius, who acts as tinker, blacksmith and car-

penter, and ~~who~~ possibly mends clocks and cleans watches; he is generally denominated "a jack of all trades, and good at none." There is not enough of work of one kind to do to support a specialist in each branch of mechanical work, hence some one with an ingenious turn must labor, with indifferent appliances, to supply the multiple demands of the community. Now, the rural practitioner of medicine is placed under similar necessities; he must set broken and dislocated bones, manipulate abscesses, administer emetics and cathartics, manage cutaneous disorders, practice obstetrics, do a little dentistry, and incise the gums of a teething child. If he do not know a little of everything in medicine, he is not accounted a practical country doctor; yet the experience he gains in the course of years may qualify him to make a success of some specialty. The best specialists the world has developed have come from rural districts. The industrious and economic habits of country life have laid the foundation for stalwart leadership in several of the leading avocations in civilized life.

Wayland says: "In the development of the human organism the same law is followed from uniform to multiform, from simple to complex, from general to special, producing physiological divisions of labors or specialization of function. It is always in the most advanced periods of civilization that division of labor is carried to its utmost limits. It is only the savage that combines in his own person the character of philosopher, inventor and operator." Not long since the oculist was the only specialist to be tolerated, and he was looked upon with suspicion by the profession at large, lest he appropriate more than his share of the lucrative business. In the centers of populous communities the gynecologist has arisen, and threatens to take more than a modicum of professional practice. Whether this is as it should be or not, the custom has been established and we cannot alter it if we would. The centralization of industries contributes to the development of experts in all branches of scientific labor. In medical practice there is danger of carrying sub-division too far, if it has not reached abusive excess already. When hemorrhoidal doctors, corn cutters, peristaltic persuaders and nasal douchers pitch their tents in small towns and tramp from house to house as fakirs, the profession seems to be too much like low traffic.

An objectionable feature of specialism is that honorable ethical



~~rules are not~~ kept by those who practice in the sub-divisions of professional labor. The "pulmonist" ~~enters upon~~ the examination and treatment of every lung case that comes in his way, and never deigns to inquire who has been the attending physician. The specialist behaves as if he were not to be governed by the usual rules and courtesies of professional life. Too often there is a lack of honor among specialists, even less being exhibited than exists among horse dealers. Artemus Ward, when asked about his principles, replied: "I travel light, and don't bother with such trash; I am in the show business."

Another defect in the specialist is, that he neglects general pathology and therapeutics in his devotion to a particular branch of practice. He loses sight of the fact that he must be wide in his scope if he would take the lead in any branch of professional labor.

The surgeon who executes a laparotomy must be a skillful therapist in order to bring the patient through convalescence with safety. She is an unsafe midwife who cannot manage puerperal sickness. The aurist who is not familiar with systemic diseases is unfit to practice the specialty he has assumed to be master of—he is not above the advertising venerealist. The specialist in "chronic diseases" may be a harmless dabbler in medical practice, but he pursues the questionable method of medicating every victim falling into his toils, whether medicine be needed or not. The eclectic branch of the profession has been burdened with more than its share of these barnacles.

Spiritualistic practitioners and mediciners of that ilk do not belong to the medical profession; hence they are not the subject of animadversion. They may cling to us as parasites, and claim some kind of recognition, but they are not of us. They must forever remain among the unclassed, and unclassable; they disclaim all ethical rules, and most cordially hate each other. Such can never become reputable members of a great and grand organization as is the National Eclectic Medical Association.

There has been a feeling with some of the members of this association that future legislative enactments in the different States might encroach upon our rights. Let me tell you right here, and now, that our school of medicine was born of American republicanism; that our principles of freedom are from the same source on which



this government was founded; that the civil government holds over us the ægis of its protection without interfering with us in the legitimate exercise of our duties as citizens and physicians. We have liberty without license and authority without despotism, and wherever the American flag unfurls her banner to the breeze, there eclecticism has her birthright, and there she will remain forever.

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## THE SCOPE AND CONDITION OF MEDICAL SCIENCE AND OUR BRANCH OF IT IN PARTICULAR.\*

BY PROFESSOR ALBERT MERRELL, M. D.

We speak of medicine as a science. We are aware that it is fashionable to sneer at this statement; yet we think it a proper one. What is a science? Science, as we understand it, is that exact knowledge which is the result of the patient, systematic, diligent study of the multitudinous aspects of nature. Science has been defined as trained and organized common sense. Its vast results are won by no other methods than those practiced by each one of us in the everyday affairs of life. The man of science simply uses, with scrupulous exactness, the methods which we all use every moment carelessly. Medicine is deemed inexact and non-scientific, because of the great complexity and the multitude of interfering conditions preventing precise predictions under given circumstances; and because many of the problems of some of its departments are still imperfectly worked out.

This has not, however, to do with the essence, but is one of the accidents which surround the science of medicine. There is as much exactness in the methods and the results of the examination of facts in physiology as in mathematics. Chemistry and physics are the result of careful selection and classification of facts, arrived at by observation and experiment, the deduction of principles therefrom, and their verification after elimination of errors. So with medicine; it is the record of facts, observation and experiment for two thousand years. Deductions from these have been full of errors, and are constantly being changed, and we are slowly

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\* Extract from an address to the Graduating class of the American Medical College.

but surely arriving at generalizations that can be verified and established as principles. This is the history of every science, and we only need to recognize the fact, and in the construction of our medical doctrines, knowing that further discovery may bring to light their defects, write upon our work, "To be removed when their error is shown." Unfortunately, we are liable to be satisfied with a defective structure because it is our work or that of those whom we respect or admire, and to anathematize any who would remove its foundations or speak lightly of its boasted perfections. Thus the influence of a great name has protected the grossest errors through many generations—errors that ought to have been swept away. "We have no right to entail errors upon those who come after us; nor dare we yet stand idle for fear of making mistakes; he who waits till he is sure of not making them will do very little in the world." If we would study medicine in its broadest signification, we must have for a foundation some knowledge of man in all his relations.

The basis of the study of man is a proper knowledge of the facts of his physical organization—his animal part and its functions. In common with other animals, we find in it what we denominate vegetative life as the basis of all activity, by which provision is made for the building up and repair of his body and continuance of his species. As appetites arising from the functional activity of organs, we have the first suggestion of instinctive action. Next, we find in him a sensitive or truly animal nature, by which, as a basis for reflex action and sense-perception, he is brought into relation to the world. Above all this, we find intellect, by which he comprehends relations and results of his own acts. In a degree, all these are to be found in the lower animals, but in man alone are they found in perfection, and in him they are subordinated to a still higher nature, which controls all his animal instincts.

It is from this broad platform that we believe we should study the problems that deal with the nature and continuance of health. For only by a perfect understanding of man in health, mental and physical, can we hope to fully conquer the problems that relate to his restoration from disease. This cannot be obtained by a partial study of his nature, as each portion has relations to the others, and he has relations to the world upon which his healthful activity de-

pend. A rational science of medicine must study man in all these relations. To study him from a purely physical standpoint is but an imperfect method.

Chemistry and physics, no doubt, play an important part upon the purely vegetative plane of his material being, but this purely "physical basis of life" is but the groundwork—the foundation—for his higher activities. Nor will it do to ignore the truly animal nature, which is the agency through which the real man works and through which he is influenced and controlled. An imperfect and partial study of the different planes of man's nature has characterized the past, and it has been unfortunate for science, and unfortunate in its influence on the social, intellectual and moral progress of the race.

But we believe that a better day has dawned. The age we live in is characterized by an unsettling of old convictions—a broader and more thorough investigation of what has heretofore passed for truth. Usages and beliefs sanctified by age are being brought to the crucial test or rigid scientific experiment; theories musty and moldy with years, errors perpetuated through reverence for great names, are being brushed away, turned over, pulled to pieces and thrust aside. This upturning involves medicine, with all other sciences. A want of veneration for established error characterizes the people of this country particularly. Like liberal scientists we have no respect for established authority, as such, on any subject. What concerns us to know of a theory or a principle is, whether it is true or false. In deciding this, the only test is by applying it—by proof of its practical value or truthfulness by use. If we, as physicians, seek only to add truths to the common stock of medical knowledge, we must consider "scepticism, the highest of duties; blind faith, the one unpardonable sin." "Every great advance in natural knowledge has involved the rejection of authority, the cherishing of the keenest scepticism, the annihilation of the spirit of blind faith; and the most ardent votary of science holds his firmest convictions, not because the men he most venerates hold them, not because their verity is testified by portents and wonders, but because his experience teaches him that whenever he chooses to bring these convictions in contact with their primary source—nature—whenever he sees fit to test them by appealing to experiment and observation,

nature will confirm them. "The man of science has learned to believe in justification, not by faith, but by verification."

It is the application of these principles to the study of the problems of health and disease that we believe will gradually evolve a satisfactory and more rational system of medicine than the world has yet seen. Veneration for authority has been the bane of the prevailing systems of medicine in the past, and has perpetuated many errors, and prevented the rapid progress found in other sciences. This veneration has applied of late years more to the theories, and interpretation of facts upon which theories are founded, than to facts themselves. The rapid developments in chemistry, physics and allied sciences has forced the conviction that many points formerly considered truths were the opposite. Faith in the teachings of the master minds of the past is not confined to the prevailing school, but is found also among those styling themselves reformers in medicine. Because some giant intellect of the past took a step forward, breaking away from the monstrosities of the medical teaching and practice of their day, and, like most reformers, went to an opposite extreme, perhaps, their followers would have us adhere to their dogmas as the all in all of medical wisdom. "When old notions begin to break up because shown to be false, then men rush to opposite extremes, and in the disturbance of the transition period all sorts of crudities appear." We believe, however, that this will all right itself.

The best way to destroy a bad theory is to get as many supporters and hard workers in its favor as possible. A building with poor foundations, weak materials and poor workmanship is sure to fall by its own weight if built high enough. So a false theory is most readily destroyed by encouraging its upholders to pile upon it every fact they can accumulate. So amid this confusion and dust of demolition of defective medical structures we have but to recognize that, amid a large amount of rubbish, there is much valuable material, which has been accumulating for ages, and needs only to be used in a proper structure. The facts of medicine remain, no matter what becomes of the theories. In anatomy, physiology, chemistry, surgery, pathology and obstetrics there is little difference between the schools, though of course discoveries are constantly being made in all. The facts of these departments of medicine are the results of 2000

years of experience, and the deductions from these facts have been checked and verified abundantly during the last half century. These deductions are utilized and prized by all schools of medicine. So also with hygiene, or the scientific regulation of the surroundings of men as to air, light, temperature, food, drink, personal habits, etc. It is mainly in reference to the use of drugs, and other therapeutic means and measures, that the differences in schools have arisen. Let us examine briefly some of these points of difference. We do this, not to ridicule or criticise harshly systems differing from ours, but in order that our position and teaching on these points may more clearly appear.

Allopathy and homeopathy stand at two extremes on the questions of dose and the law of cure in disease. On these points we will quote from a talented writer from the latter school, from whom it will appear that both claim to cure by the substitution of a drug disease for the one already existing. He says: "They both produce artificial diseases, and the artificial disease so produced is the real medium or agent of cure. They both use drugs or poisons to produce artificial morbid states, and the only question is, where shall they be produced and to what extent? The allopath, in accordance with this theory of disease and its cure, employs the poisonous properties of drugs to produce certain physiological perturbations—vomiting, purging, sweating, increased or diminished secretions, narcosis, depletion, stimulation, etc., which he believes will effect his object. His general object is to produce a state opposite to that already existing. The homeopath repudiates all this theory and practice, and affirms that diseases are cured by those drugs, in very small doses, which produce similar diseases when administered in strong doses to the healthy man. Both parties use the same remedies, but on opposite principles, and of course in antipodal doses. A natural disease is best cured by producing a similar artificial disease in the same parts and tissues, which can only be done by drugs which produce similar symptoms. This is the fundamental idea of homeopathy—its true basis, its corner stone, its only essential element."

But perhaps our friends would like to know what there is in our doctrines and teachings that cause us to lay claims as a distinctive school of medicine, and why we should be such. A word about

the origin of the school. About the time that Homeopathy began to be promulgated in Europe, there arose in this country what was termed the reformed practice of medicine. It had its origin, mainly, in the realization of the necessity for a change in the methods of medical practice then extant, and especially of the correction of abuses in the use of mercury and the lancet, then universal. Repudiating these agencies, they sought among the strange plants of this country remedies that would substitute them. These reformers were known as Thompsonians, botanics, etc.; and though their methods were crude, and many of their practitioners ignorant men, their practice was a vast improvement on that which prevailed at the time. Eclecticism in medicine had its origin in this reform, and consisted, originally, almost solely in the substitution of vegetable remedies for the much-abused mercurials. Through their efforts, and that of Homeopaths, who had begun to increase in this country, the abuses referred to have been abated. From the time of its birth, Eclecticism has been progressive in its teachings and practice. Experience having taught them the great injury of depletive and devitalizing measures and remedies, they adopt as their controlling principle the necessity of avoiding such, and of sustaining the vital energies. They therefore use such remedies, and in such doses, as will efficiently release the enthralled functions and restore them to their accustomed activity. They have outgrown the reform in which they originated, carrying with them all that was good of its methods, and have become advocates of Eclecticism in the broadest, truest sense of the name.

They do not adopt the name as a trade-mark, or as embodying an exclusive dogma; but as signifying in medicine what the doctrine of evolution does in science—that is, the action of elective, selective or eclectic forces, striving for a better and higher method; seeking the truth wherever found; verifying and applying it for the benefit of the afflicted. This involves the selection and proving of many new remedies, and the discovery of new properties in old ones. It involves their use in simple forms, and in the smallest doses that will insure the desired result. It involves the study of diseased conditions, and the relation of drugs thereto, with a view to their removal by the quickest and safest methods. It involves the use of drugs in appreciable or attenuated doses according to which experience has

proved the best in a given condition. It involves the immediate adoption of all well-proven advances in surgery, obstetrics and pathology. It involves the use of all chemical and mechanical means of cure, and the adoption of all good points in hydropathy; the recognition of the imperative necessity of hygienic measures, and the utilization of all the truth found in galvanism, electricity, magnetism, psychology, etc.,—in a word, it utilizes the experience of past ages, and keeps pace with the progress of this. But some will ask: “Is your practice purely one of expedients, founded on empiricism?”

By no means, for we have discovered by experience relations of remedies to diseased conditions which indicate to us not only what remedy will correct the condition, but, approximately, what dose is needed. We find this relation so uniform, that it gives to our practice a certainty which excludes expediency. We term this direct or specific medication. We do not prescribe for the disease as a group of symptoms classed under a certain name, but for the condition which is suggested, perhaps, by but one or two symptoms. We can thus often give relief from suffering before we can determine with certainty the name of the disease.

How remedies act—whether *similia similibus* or *contraria contrarius curanter* is the law of cure—is a matter we leave to the individual judgment of the physician. We concede the right of private judgment to all, feeling certain that with medical theories “the survival of the fittest” will be the principle that will determine their life or death. Some among us admit the homoeopathic law; but perhaps the majority believe the remedy opposes the diseased action—that disease manifests itself by excessive, defective or perverted functional activity of a part, and that the remedy must be chosen, first, to act directly on the part or tissue; second, that the dose must be so adjusted as to oppose in character the diseased action, and restore it to a healthy standard. We do not believe, therefore, in substituting one disease for another to cure it, but in opposing and neutralizing the effect of the diseased action in the tissues and organs, and thus enable the system to throw off the disturbing cause.

According to the quotation given, the doctrine of substitution in the cure of disease is recognized by both allopaths and homeopaths. The difference between them is, then: first, in the theory by which



they claim drugs act, and second, in the question of dose. The dominant school do not recognize, or at least utilize, any but what they term the physiological action of the drug—that is, its sensible effects on a person in large doses, short of immediate or perceptible dangerous results. Homeopaths recognize two actions, opposite in result, according to whether large or small doses are used. They utilize usually the small dose only in the cure of disease, claiming for it a dynamic action independent of its amount. They claim, however, that the question of dose is irrelevant as regards the principle of cure. Eclectics recognize and utilize both actions of remedies, and use an appreciable or attenuated dose, according to which is required to oppose the diseased condition present.

The careless use of medicines without a proper knowledge of the conditions in which they are curative and not hurtful, has been recognized among many distinguished men of the dominant school of medicine as so great an evil that they have become skeptical of any benefit whatever from drugs. "Throw out opium," says Dr. Oliver Wendell Holmes, in an address before the Massachusetts Medical Society, "throw out a few specifics which our art did not discover, throw out wine, which is a food, and the vapors that produce the miracle of anesthesia, and I firmly believe that the whole materia medica, as now used, could be sunk to the bottom of the sea, and it would be all the better for mankind and all the worse for the fishes." We believe, however, that the progressive men of all schools are now learning the difference between the proper use and the abuse of medicine. It will not do to stick to old methods and despise free investigation, nor will it do to expect every fact to fit to a principle we have adopted as true. As a distinctive school of medicine, we have much to encourage us. From a feeble handful we have become more than ten thousand strong, and are growing yearly—not only by students from our own colleges, but by accessions from the ranks of other schools. This growth in numbers is accompanied with a corresponding growth in culture among its members, and in the respect of the community.

Our platform is broad enough for all, and excludes none. Upon it the liberal and progressive of all schools can meet, and all recognize and utilize the good that is in each. Already this is being done, and many of the liberal and progressive of the allopathic fra-



ternity have already become practically eclectic, using our methods and remedies and reading our literature. Any one who has been an observer of the teaching and practice of the liberal branch of the homeopathic school, and who reads their periodical literature, knows that they are nearly on the same ground that we are. What will be the result of all this? Surely, simply this: That sooner or later there will be a system of medicine evolved in which all will agree on essential points, when physicians will think more of the best methods of curing their patients, and less of codes and medical ethics; will devote more time to medicine as a science and less to caring for the medical morals of brother physicians who do not happen to believe as they do—when, in short, medical men will be only physicians in the best sense of the term, and all questions of “ism” or “pathy” will become secondary.

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### PROFESSIONAL COURTESY.

BY T. J. TABOR, M. D.

I have been a close reader of several very excellent medical journals for many years, and being an Eclectic of the true type, have no *fuss* to make with any medical brother of any school or sect; but our aim always having been at something good in the profession, I think it my duty to point out a few errors that exist among schools of different views. I believe every practicing physician to be possessed of a *soul*, or at least a certain amount of pride and self-respect professionally, to do the very best that he can and the best he knows for his patients, at any and all times. Now, what I wish to accomplish by this paper is to show how a better state of feeling may be brought about between physicians generally.

I know medical men, holding diplomas from the same college, practicing in the same neighborhood, that are extremely jealous of each other, who indulge in epithets and harsh sayings, toward each other, to such an extent that sensible people are made to wonder, and in this way both they as well as the college from which they graduated are brought into discussion, very often to the detriment of both college and themselves. One of them will go to see a patient to-day; prescribes for it; leaves, feeling happy and satisfied, believing his patient will soon be better, and thinks himself regarded by the family as “a stronghold in a day of trouble.”

The next day he is sent for again; not being at home, the other one is taken; when he arrives at the bedside of the patient, great concern is manifested; the medicines given by the first one are carefully examined by doctor No. 2; the gravity of the case pronounced; diagnosis different from doctor No. 1, and a tirade of some minutes indulged in. We have seen another picture.

An Eclectic physician has a patient; has done the best he could with it. By dint of accident, a brother Allopath is called, and instead of trying to improve on the treatment, *or at least do as well*, he begins a round of denunciations. Right here, I want to show what Eclecticism in medicine is, knowing that some will read this article who perhaps are stupid as to the true meaning of the term when applied to us as a school. It comes from two Latin words—meaning to select, to choose, etc. This meaning is only applicable to us in theory and practice, and in materia medica and therapeutics. Physiology, anatomy, chemistry and pharmacy are the same everywhere, and the principles taught are the same in all schools of medicine, whether they be of one ism or pathy or another, the only difference being in the practice and application of remedies. Going back now to where I left off—I have seen Eclectics go to the patient of a brother of a different system of practice, and be guilty of the same low calling of tirading his fellow-physician—for instance, “Any fool might and should have known better;” “This child will die; but if I could only have been here yesterday;” and many such low indulgences. I have noticed in some articles, in different journals, sentiments of the same strain. For instance, in an Allopathic journal, last year, I saw where a physician of the old school, referring to an Eclectic who had been called to one of his patients, says: “The quack Eclectic, true to his instincts,” etc. (meaning that it was instinctive for us to tirade our brothers), “had said and done so and so.” I noticed again, in some of our own journals. The Georgia journal contains an article (I forget the date), in which tirading was loudly indulged in; and in the AMERICAN MEDICAL, under the head of “Building up a Practice under Embarrassing Circumstances,” the author condescends to notice the unprofessional conduct of his opponent, and comes back at him like a madman.

There are many things for us to remember, and many things for

us to improve, and instead of noticing and commenting upon the weaker vessels of our rival pathies, let us be *Eclectics* still, and imitate the more noble and elevated brothers of the old school, leaving the useless and barren trees behind. We should remember that physiology and anatomy had their existence long before us; that it is the working of chemists of different schools that has brought chemistry to its present high state of perfection; that pharmacy is the result of long and continued research; that our *Materia Medica*s are made up by the long-watched experience of others, some of our own school, and some of others.

It should be our duty to watch and pray—instead of watch and prey. To catch on to all that is good of our rivals, and leave the useless and no good. It should be our duty to go to see the patients of medical gentlemen of other schools when called on, always observing ethics, and do the best we can for them without comment. We should never denounce treatment, to a family, of any physician; but, if we can make an improvement, do so privately, and the family will readily see your superiority.

Physicians should all cultivate a spirit of courtesy for each other, at all times throwing the mantle of charity over their opposing brother's frailties, preaching the true gospel without reference to the untrue. Fretting not over things that can not be helped, trying to beat brains into men's heads that have none, and quarrelling with your inferiors, whether they be of the same school or otherwise. Keep yourselves uplifted; speak the truth so far as in you lieth; deal gently and politely with your fellows; and observe the first great law in the book of common-sense—every man attend to his own business. If this rule is strictly adhered to, you will be blessed with an *udder* full of the milk of human kindness, giving a stock of contentment and satisfaction unbounded, and marks of good breeding will stand up as prominently as the horns of a swamp owl, which are simply in keeping with its nature.

It is my intention to contribute regularly to the *AMERICAN MEDICAL JOURNAL*, and my aim shall be to write truth, promoting every interest of the profession I can, always giving the good I have seen in my rivals, and the good of my own experience, and leaving that which will do no good, but create a spirit of malice, untold.

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## RARE SKIN DISEASES.\*

BY T. HODGE JONES, M. D.

*Dermicus Elastis*.—Monday, December 21st, by invitation, I visited, in a museum at Kansas City, Mo., Herr Haag, late of the Bavarian army. The object of my visit was to examine the skin covering his entire body relative to its elasticity. Mr. Haag could pick up the skin over the sternum, and with his hands draw it in a fold over his whole face. He could raise the covering of his tibia (shin), give it a twist, and clasp it in his hand like a cloth wrung from water. The integument of his ears he could pull out, bring forward, and cover his eyes. When a portion of skin that had been lifted until it became tense was suddenly liberated, it would resume its natural place with a smack, audible all over the room. A fold of skin, covering the biceps of the arm, drawn out and examined with a candle held behind it, displayed beautifully the blood-vessels of the section thus placed on the stretch.

The muscles were firm, and seemed in all respects healthy. He was well developed, and enjoyed life in a remarkable degree; yet, strange to say, he did not discover this peculiar property of his skin until he was wounded, at the age of about twenty-five years. To an observer, the ocular appearance discloses nothing, unless one is reminded of cases of albinismus while viewing his features. The color of his hair and eyes, and the sense conveyed by the touch, suggest nothing remarkable. Hence, unaided by the use of chemicals or the microscope, our senses are not sufficiently critical to correctly answer the question—in what does his skin differ from that which is normal? With proper aids to examination, it is presumable that the areola tissues underlying the skin would show a lack of white fibrous matter, and a corresponding increase in the yellow elastic kinds of fibers. The rather lurid complexion of this man bears out the idea. I have no treatment to recommend.

*Argyria*.—Jno. T. White, aged 57 years, whom I met on the street, at Kansas City, Aug. 17th, 1884, furnishes the subject of this report. He resides at Westport, in Jackson Co., Mo.; is paralytic in the right arm, which is less than its fellow, and swings aimlessly at his side.

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\* Read before the Eclectic Medical Society of Missouri.

His hair and beard are mixed brown and gray. The color of his skin and sclerotica is deep leaden or almost black. His intellect is somewhat impaired, and his voice and movements are unsteady, but strong. He was subject, when young, to epileptic paroxysms, for which his physician prescribed nitrate of silver.

He thinks he took the remedy nearly ten years, and when about fifteen years old was entirely relieved of the epilepsy. The argyria was very marked, and examination showed white places at the site of wounds and sores that have occurred since his discoloration; the cicatrices are covered with skin of a normally white appearance.

These patches suggested the practicability of successful restoration of the color over the face and hands, by means of grafts of white skin from another person. I think, if the patient is young, and of good intellect, the attempt is justifiable. Theoretically, I would administer the chloride of sodium or carbonate of ammonium internally, and expect to see a benefit in course of a long time. The disease is worthy of careful study by any physician, and I make this report because it is rarely one sees a case in which the macula argenti is so well displayed.

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### POSTAL BRIEFS.

FLUID EXTRACT BANANA ROOT IN GOITRE.—I accept Dr. W. H. Carter's treatment of bronchocele, published in the *AMERICAN MEDICAL JOURNAL*, May, 1887, page 213; but to be quite sure of a cure, I would combine with his treatment internally the new remedy—fluid extract banana root (P., D. & Co.)—which did me in a like case, of forty years' standing, the best service, as published in the *Medical Age* of March 25th, 1887.

Respectfully, F. VON FRANCKENSTEIN.

REPLANTING TEETH.—The practice of transplanting teeth is by no means of recent origin, but was inaugurated centuries ago, and is performed in our day with wonderful success. Numerous instances are also recorded, in which teeth extracted from human beings have been successfully replaced. An instance of this kind came under my immediate notice a short time ago. A young man, in falling from a bicycle, had one of the large incisors of the upper jaw removed entire. Upon being informed of the accident, I im-

mediately advised the replacing of the lost incisor; which, after being found and properly cleaned, was placed in the cavity, and firmly secured by a silk ligature to the incisors, canine and bicuspid. In a few weeks the tooth was firmly held by the gingivæ and the ligatures, which had been occasionally renewed. The tooth is now as serviceable as it was prior to its removal.

J. HOBART EGBERT, M. D.

WHAT BECAME OF THE TUMOR? —*Prof. Younkin, M. D.*:—I was recently called in consultation to see a lady who had been in the second stage of labor for six hours without making any progress. On examination, I found that a tumor, about the size of an egg, prevented the engagement of the head. The tumor was quite hard, and had a long pedicle. I easily pushed it up above the head, when the child and secundines were soon delivered. The mother was so much exhausted, that I thought it not prudent to remove the tumor then. Two months afterward, I was called to see the baby, and she asked me to remove the tumor, although she felt no bad effects from it. On careful examination, not a trace of it could be found. Had it been squeezed so hard at the time of confinement as to cause its absorption?

F. A. REW, M. D.

VARIOLA VACCINA IN A HERD OF COWS.—I report a herd of dairy cows that have become inoculated with variola vaccina. How the inoculation occurred is not known. I was called to see two parties yesterday that exhibited very well defined cases of variola in the hands; right eye entirely closed; right side of face badly swollen; high fever, accompanied with the characteristic pain in the back and head. On enquiry, found they had been milking dairy cows where there were about 175 cows. Made an examination of the cows, and found about 75 per cent. of them infected with cow-pox. I think this is the first case of variola vaccina of natural origin I have seen in this country.

J. W. LANGFORD, M. D.

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PULSATILLA IN ORCHITIS AND EPIDIDIMYTIS.—Gerard Smith (*Brit. Med. Jour.*) recommends pulsatilla in inflammatory conditions of the testicle and epididymis. He says it subdues the intense suffering promptly, and that the relief is rapid, while the swelling and heat rapidly subside.

**REPORTS OF SOCIETIES.**

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THE TEXAS ECLECTIC MEDICAL ASSOCIATION met in fourth annual session in the parlors of the Grand Windsor. Quite a number of physicians from various portions of the State were in attendance, including Drs. Johnson, of Cotton Gin; Taylor, of Bonham; Bell, of Gainesville; Klyce, of Paris; Collins, of Honey Grove; Ball, of Davis; Yowell, of Greenville; Ritchie, of Stephenville; Dowdell and Goodwin, of Ennis; McIntyre, of Big Springs.

The reports of the Association's standing and designated committees were of a flattering character, and indicated a steady growth. Quite a number of interesting papers of a scientific character were read and discussed at length by the members present. The position of this Association as to the temperance question is fully set forth in the following resolution, which was unanimously adopted:

"Whereas, The public press, religious and secular, frequently arraign the medical profession as being an important factor in the increase of drunkenness by the indiscriminate and oftentime illegal prescribing of alcohol in various forms; and

Whereas, The eclectic profession, as a school of medicine, have ever raised its voice against the indiscriminate use of alcoholic spirits and opiates in medical practice;

Therefore, Be it resolved, by the Texas Eclectic Medical Association, in convention assembled, that we are opposed to the use of opium, morphine and alcoholic spirits in medical practice, or otherwise, except in those cases where the accumulated experience of acute, sagacious observers have taught us that they are especially beneficial and demanded.

The officers elected by the association for the ensuing year are: Dr. J. R. Johnson, Cotton Gin, President; Dr. J. W. Ritchie, Stephenville, First Vice-President; Dr. W. M. Henry Walder, Second Vice-President; Dr. A. H. Collins, Honey Grove, Secretary; Dr. J. E. A. Ball, Davis, Treasurer.

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THE NINETEENTH ANNUAL MEETING OF THE ILLINOIS STATE ECLECTIC MEDICAL ASSOCIATION was held in the old State House at Springfield, May 18th and 19th. Dr. Gable, of Aurora, presided, and Prof. Cashman, of Chicago, acted as secretary. The attend-

ance and interest was splendid—in fact, some of the best essays ever produced by this society were read and most ably discussed. It would be unfair to particularize in regard to one of them and not all, as they all bore the marks of much thought and the most careful preparation, and reflected the leading thoughts of the profession at this time.

Dr. Mutz, representing Parke, Davis & Co., made a grand display of their medicines, in a side room. He also illustrated some beautiful tests, before the Association, in urinary analysis.

As the next meeting will be the twentieth anniversary of the organization of the society, it was decided to hold a re-union and free banquet at that time, the intention and expectation being to have all the original charter members that are alive and able to attend, as well as every other member and friend of the society that can be induced to be with us; so that at least 200 guests may be expected at the grand re-union and banquet.

Springfield was selected as the place for holding the meeting.

Delegates were elected to the National.

Dr. W. W. Houser, of Lincoln, was elected president for the ensuing year, and Prof. A. D. Cashman, of Chicago, as secretary.

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TO PREVENT WASTE OF TISSUE.—The following mixture I have found to be an excellent preparation in wasting diseases—in tuberculosis, convalescence from pneumonia, general anæmia, scrofula, mollities ossium, etc.: R. Hoff's malt extract, Oj.; syr. lactophosphate lime, ℥vj., crystalline phosphates, ℥iij.; syr. auranti cort., ℥iv.; best French brandy, ℥vj. M. et S. From one teaspoonful to a tablespoonful, according to age, every two, three or four hours. The crystalline phosphates should be rubbed up with a little of the syrup before adding to the whole amount.—EDITOR.

CARBUNCLE.—Dr. James Collins says, in the *Philadelphia News*, that in treating a carbuncle he gives an anæsthetic, and then makes a linear incision; after which he takes a scoop and removes all the necrosed tissue; then washes the parts thoroughly with an antiseptic lotion of mercuric bi-chloride. He inserts a drainage tube, and brings the central parts together, securing with two sutures. He washes out the cavity each day with the antiseptic.



**MEDICAL AND SURGICAL ITEMS.**

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**A NEW REMEDY FOR BURNS.**—Dr. W. C. Wile (*Medical Register*) says: I was called in some haste to a little child about three weeks ago, who was badly burned about the hands and face from falling on a hot stove. The burns were deep, the pain excessive, and the shock very considerable. I hastily sent to the drug store for a mixture of lime water, olive oil and carbolic acid. While waiting for this, I prepared to give the child a hypodermic injection of morphine, with which to allay the agony, which was so great that convulsions seemed imminent. While I was getting ready to do this, I espied upon the shelf a bottle of *Pinus Canadensis* (colorless), which I had some time before ordered to be diluted as a vaginal wash for her mother. Remembering its wonderful soothing influence in acute inflammations of the vagina, I at once concluded to try it. Taking a corner of a soft handkerchief, I rapidly painted the injured parts, when like magic the pain ceased. You can well imagine my surprise and delight at the result. I directed a camel's-hair brush to be purchased, and had the mother make free applications; and the case had no other treatment, save a little iodoform ointment later on. Since this, I have tried it in several cases, both slight and severe, and with the same delightful results. The preparation used was made by the Rio Chemical Co., of St. Louis, Mo.

**NOTES RESPECTING SPECIAL CATHARTICS.**—Dr. Henry M. Field (*Journal of the American Medical Association*) calls attention to the following points respecting a few cathartics:

1. The salines do not agree with the aged—they find them too chilling; and a dose of epsom salts, which may operate very kindly upon the young and middle-aged and vigorous, may bring a serious disaster to the old man or woman. A sudden depression of vital energy and the function of calorification thus procured, together with other favoring circumstances, have more than once precipitated the subject into fatal pneumonia.

2. All cathartics are apt to be attended with colicky complications when given to a woman at the epoch of menopause; and especial combination at such time, as with carminatives, should be directed against this painful action.

3. The common domestic cathartic senna should never be prescribed to the subject of cumulative constipation or of impacted feces; if there be anything answerable to a fecal plug formed in the course of the small intestine or near the valve, on either side, such a peristaltic cathartic as senna will infallibly occasion serious and even alarming colic before evacuation can be accomplished; and the same restriction applies to a similar use of an integral dose of calomel.

4. In a case of impacted constipation, in which it is presumed that the bowels are more or less distended with hard, dry, knotty, scybalous masses, nothing works so well as epsom salts, combined perhaps with small doses of tartar emetic.

5. In cases of uterine hemorrhage, habitual constipation can best be treated by cream of tartar. This does not induce muscular contraction of either the intestines or uterus, while it reduces temperature and lowers blood pressure.

**THYMOL.**—Thymol is a light crystalline solid, obtained from *thymus vulgaris*, *monarda punctata*, *m. didyma*, *ptychotis ajowan*, etc. It is nearly or quite colorless, having an aromatic, thyme-like odor, and a pungent, aromatic taste. Soluble in 1000 parts of water and 1 part of alcohol; also freely soluble in ether, chloroform, benzin, glacial acetic acid, etc. It was first introduced by M. Bouillion as a substitute for carbolic acid. It has found a wide range of application in dentistry as well as surgery. In its concentrated state it is used for cauterizing the dental nerve, and when applied to warts it causes them to shrivel and disappear. All its other applications are identical with carbolic acid. Mr. Spencer Wells, in a series of ovariectomy operations, gave it the preference over carbolic acid. He used a solution 1-1000 for spray, irrigation, sponges, instruments, etc. In sloughs, it causes more rapid separation, healthier granulations and a better cicatrix than carbolic acid. A solution of 1-3000 is highly recommended in diphtheria as a spray and injected into the nostrils—also in fetid bronchitis; in obstetrical practice, when the lochia are offensive, and in fetid uterine and vaginal leucorrhœa, even when the discharge is due to cancer, the fetor is not only neutralized, but the inflamed and ulcerated tissues are favorably modified. It is an agreeable and efficient *deodorizer* for the hands. As

a substitute for the antiseptic surgical dressings prepared with carbolic acid, a solution is recommended as follows: Thymol, 1 gram; alcohol, 10 grams; glycerine, 20 grams; water, 1000 grams. In skin diseases it may be used instead of tar in the form of ointment, 5 to 30 grains to 1 oz. of soft paraffin; or, in lotion, thymol, 5 grains; rect. spirit and glycerine each, 1 oz.; water, 8 ozs., in psoriasis and chronic eczema. It never, like carbolic acid, gives rise to constitutional symptoms.—*Medical Clippings.*

COMPARISON OF CHLORAL, PARALDEHYDE, URETHAN, HYOSINE AND HYPNONE.—Dr. Webber, in the *Practitioner*, states that he has had opportunities of testing these new hypnotics in the cases of patients in the Adam's Nervine Asylum, U. S. A.

Paraldehyde has, he considers, advantages over chloral, in that its immediate effects are less unpleasant, and that it very rarely causes headache on the following day, although sometimes the patients have a sensation of fullness or pressure in the head for a few hours after waking. He gave paraldehyde in a case of doubtful disseminated sclerosis, where the patient had been taking large doses of chloral, and had been injuriously affected thereby. The paraldehyde gave, in this instance, better and more prolonged rest, the patient partially recovering his mental powers and some measure of strength. It was continued in doses of forty minims nightly, for several weeks.

The chief objection to paraldehyde is its disagreeable odor and taste, and also the odor it imparts to the breath; but unpleasant symptoms arising from its use Dr. Webber does not remember to have met with, but has never seen a case in which it has been used habitually for a long time. Whilst 60 minims may be considered a large dose, 80 minims have occasionally failed to produce sleep.

Urethan is much more pleasant to administer, having scarcely any taste or odor. Dose, 20 grains, although sometimes much larger doses are necessary. The after-effects are generally unimportant. It has seemed once or twice to have given rise to nausea the day after, but generally the patient says the sleep has been natural and refreshing. It is, however, not so sure to produce sleep as paraldehyde.

Hydrobromate of hyosine has the advantage of being almost

tasteless, and being efficacious in very small doses, 1-60th grain being about the average dose necessary. As it is almost tasteless, it may be given in some simple drink, as gruel or beef tea, without the knowledge of the patient. The sleep produced is quite natural, the patient awaking much refreshed. It is, however, rather more likely to produce unpleasant after-effects, and seems to lose its power by repetition sooner than either urethan or paraldehyde.

Hypnone Dr. Webber has given in capsules, in doses of 8 to 10 drops, when it caused natural and refreshing sleep. It is, however, of much less value than the other drugs enumerated, failing more frequently to produce sleep; but it may be conveniently substituted for the others when they have been given for some time consecutively.

**A SPECIFIC FOR DIABETES.**—At a meeting of the Société de Thérapeutique, M. Martineau stated that he had been treating diabetes for the last ten years, with almost invariable success, by a method which he had borrowed from a practitioner now dead. He had hitherto made no communication on the subject, because he had wished to be perfectly certain that his conclusions were not premature. The treatment consists in the administration of a solution of carbonate of lithia and arseniate of soda in aerated water, to the exclusion of all other drinks. Besides taking this with his meals, the patient uses the same as a beverage when thirsty at other times. M. Martineau affirms that this regimen has cured sixty-seven of seventy diabetic patients he has had occasion to treat.—*London Lancet*.

**A NEW REMEDY FOR ITCHING PILES.**—The *Chicago Med. Times* gives the following for itching piles: R. Tinct. capsicum, 1 part; spts. turpentine, 2 parts; spts. camphor, 3 parts; decolorized iodine, 3 parts. I would be inclined to experiment with this, by trying it first under the tail of a dog.

**SPRAINED JOINTS.**—I believe that a sprained joint should be treated the same as if a fracture occurred near a joint.

Immobilization and compression are the prime factors in the speedy cure. Let the parts be secured by a plaster-of-Paris casing, and thus effusion will be prevented and pain relieved. This plan far exceeds lotions, bandages and ice-bags.—[EDITOR.]

**ANTISEPTIC COLLODION.**—*Journal de Médecine.*—Mastic in globules, 3 grammes; balsam Peru, 1 gramme; narcotine, 1 gramme. Grind each ingredient separately, and add 5 grammes of chloroform. This is a new kind of collodion, which is antiseptic and promotes cicatrization. It does not cause inflammation, and may be used in the treatment of wounds; relieves neuralgic pain, and acute or chronic rheumatism. The afflicted parts should be sponged every twenty-four hours, and in severe cases every six hours. Strips of linen or silk soaked in it makes an excellent sticking plaster, which quite equals English court plaster.—*N. Y. Med. Record.*

**FOR ACNÆ ROSACEA AND SYCOSIS.**—Lac sulphur, ʒss.; thymol, gr. iij.; zinci oleate, gr. xx.; agnine, ʒss. M.

**THE CHINA MEDICAL MISSIONARY JOURNAL** is the title of a new journal published at Shanghai, China, and edited by Drs. J. G. Kerr, J. K. Mackenzie and E. Reifsnyder. It is said to be the first medical missionary journal published in heathen lands.

**AN ipecac famine** is threatening Brazil. This is the country where that drug is largely obtained, and the presence of cholera threatens an interference with the harvesting. To the homeopaths this is not alarming, as long as alcohol can be obtained. One of their leading periodicals suggests to just run the drug up to another potency, which will undoubtedly take them through the famine. Our allopathic brethren are looking around to find some other drug to turn stomachs inside out. We suppose, if the eclectics have to come to it, they can use lobelia.

**EXPERT TESTIMONY.**—Judge C. C. Fuller, of Michigan, decided, when a physician refused to testify on the ground that the evidence would be expert testimony. "After many years' study and observation, I decide that a physician's knowledge is his stock in trade, his capital; and we have no more right to take it without extra compensation than we have to take provisions from a grocery, without pay, to feed the jury. The court rules that the witness is not compelled to testify."—*Pharmaceutical Record.*

**A STOMACHIC TONIC.**—R. Acid phosphoric dilut., fʒj.; strychninæ sulph., gr. j. M. Sig. Ten drops in water before meals.—*Bartholomew.*

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**E. YOUNKIN, M. D.,**

**EDITOR AND PUBLISHER.**

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## **EDITORIAL.**

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### **THE ARTIFICIAL FEEDING OF INFANTS.**

In an editorial in *Home Knowledge* we read the following: "Among the subjects demanding special attention during the summer season, the most important is the care and feeding of infants and children under five years of age. The frequency of cholera infantum, or summer complaint, is due to improper diet and a consequent disturbance of the digestive organs of the child; and to prevent the frequency of this disease, and the attendant fatality, the feeding of children must be carefully watched. One of the most

common causes of stomach and bowel troubles in children is the common custom of feeding very young children potatoes, rice and bread before their digestive apparatus is capable of properly digesting these starchy ingredients. A child should be fed entirely on milk until it is at least six months old; and when artificial feeding is necessary, care should be taken to procure good cow's milk, *which should at first be skimmed and reduced by adding one part of water to four parts of milk*, and a few grains of sugar of milk. *This will give a close approximation to the composition of mother's milk.*"

We have made this quotation and emphasized that part which we regard as a very grave error. No infant can thrive on such feeding as that. Why should cow's milk be skimmed when it is too deficient in fat already? Indeed, more cream should be added. Professor J. Lewis Smith, who has made infant-feeding his study, says: "Add to cow's milk cream—enough to make up the fat—and some sugar of milk." Human milk contains more milk sugar and fat, but a smaller percentage of albuminoids than cow's milk. As cow's milk has in it more caseine than human milk, water is added to lessen the quantity of caseine; but when this is done, it should not be forgotten that the process of watering still diminishes the proportionate quantities of fat and milk sugar in the substitute already defective.

Mother's milk is alkaline; cow's milk is acid. Cow's milk should, therefore, be made to have an alkaline reaction.

Human milk contains more milk sugar; cow's milk must, therefore, be supplied with this.

Human milk has more fat; cow's milk must, therefore, have more cream added.

Human milk has less caseine; cow's milk, with the addition of water not to weaken it, but to lessen only the albuminoids, the problem is: how to reduce the caseine and at the same time increase the nutritious elements, and render all digestible. Withal, though the caseine of cow's milk be brought down to the same proportions as that of mother's milk, still it is tougher and more indigestible than that of human caseine. To Professor Pfeiffer is due the idea of digesting the caseine before entering the child's stomach. There is no subject that calls for a more scientific study than that of artificial feeding of infants—none in which there is a greater display of ignorance, and none followed with more disaster.

## THE ANNUAL MEETING OF THE NATIONAL, AT WAUKESHA.

The Annual Meeting of this great body is over for this year. The meeting was well attended, and the business transacted was fully up to any of the past years. Those who were present not only enjoyed the professional topics of the meeting, but as a recreating tour this seemed to surpass all others. The quiet retreat, the beautiful shades and gushing springs, as well as the citizens of Waukesha, seemed all eager to add to our comfort and pleasure. After the meeting was over every member of the National reluctantly took his departure, feeling that so good a time was seldom enjoyed. Those who were absent have certainly lost one of the beautiful niches in their professional life. The officers of the Association were all present except Treasurer Anton, who was prevented on account of an accident—that of breaking one of his legs. He was, however, well represented, by the presence of Miss Nellie Anton, his accomplished daughter, who, by slight assistance, did the work of the Treasurer.

President Russell came in a little late, but after a two hours' session he put in his appearance—sufficient in quantity for the occasion. His annual address will be found in this issue. The indefatigable Secretary, Alexander Wilder, was at his post, and dispatched his part of the work in his usual jolly mood. The "Arena of Debate" took the place of section work this year, and I believe it is an improvement. Contest adds spirit, and spirit calls attention. As the topics were discussed there was no confusion in change of officers, and a greater quiet prevailed in the general convention.

Debate was opened by Professor A. J. Howe, on the question "Shall Listerism be Abandoned in Surgical Practice?" It seemed as if the doctor thought himself an opponent of Listerism at the start, but by the time the discussion ended he favored asepticism, though he cared not for the Listerian paraphernalia. He opposes the germ theory, though he inclines to the belief that germs may produce some diseased conditions. His position at some points is seemingly paradoxical. Certainly, if he was on the affirmative of this question, he lost his case; for asepticism and Listerism being the same, and resting not in traps, sprays and trimmings, but in a *great principle*, it is found in every hospital and



in every country. Those who therefore seek to overthrow the Listerian principles will be compelled to substitute, not the practice of older days, but newer and better plans. Other subjects were also discussed with much profit and vigor.

On the first evening of the convention, a reception was given in the great dining-room of the Fountain Spring House. The exercises consisted of music, speech-making and refreshments, all of which were well-calculated to form a feast of reason and a flow of soul. Indeed, it became a question as to whether the citizens of Waukesha were receiving the delegates or the delegates were receiving the citizens of this place; though to Mr. Lee, the proprietor of the Fountain House, the reception was mainly indebted. The reception was opened up by addresses from Ex-Congressman D. H. Sumner, Judge Griswold and others, who, though not having made medicine a study, yet seemed to understand fully the distinctive plea of Eclecticism, and were in full accord with the idea of selecting from all sources. We wondered, as we sat and listened to these men, why it was that others, in the study of medicine, and therefore in closer relation to us, should possess such apparent ignorance and prejudice in regard to Eclectic medicine.

Another feature of the National is worthy of mention—namely, the ladies of the convention. Absolutely, we have ladies who are interested in the discussion of medical and surgical topics. Some of these are physicians, and some are physician's wives. There are some whose faces we see at the National every year. It is not S. B. Munn, of Connecticut, merely, but Mrs. S. B. Munn, his excellent wife. It is not merely Dr. H. K. Stratford, of Chicago, but Mrs. Stratford, his excellent wife.

By some means, the impression has gone out that, where women take up medicine as a profession, they are of the peculiar "wishy-washy" sort; but to overcome this impression, we have only to attend the National. Mrs. Henrietta K. Morris, M. D., is worthy of mention. She occupied the chair of Vice-President with dignity, and her sensible arguments on the question "Ought we to regard Cholera Infantum as a Result of Ferment" was deliberately given and well received. Mrs. L. J. Phelps, M. D., attributed many of the feminine weaknesses to the weakness of the male.

Among the unmarried ladies at the National were Miss Nellie

Anton, of Lebanon, Ohio; Miss Mary Montgomery, of Wisconsin; Miss Flora Martin, of Maine; Miss Arta Bowen, of Georgia; and Miss Smith, of Chicago.

Other ladies in attendance were Mrs. Dr. Judd, of Janesville; Mrs. Dr. Laffin, of La Crosse; and Mrs. Dr. Miller, the President of the State Society.

This National Convention was harmonious throughout, save the little ripple which arose on the question of admitting the Iowa colleges. The Medical Department of Drake University, in Des Moines, was stricken from the list of colleges in good standing. The King Medical College, of the same place, sought to gain admission, but was refused. Dr. O. H. P. Shoemaker, the Dean, was untiring in his efforts in behalf of King College—so eager and persistent that he became insulting and disorderly, until the Association was compelled to pass a resolution prohibiting him further privileges on the floor. A charge was also filed against him for conduct unbecoming; and the probabilities are that in a year hence the Association will permit him to keep company with his college on the outside of this National body. Some men, having a mania for running medical colleges, make very poor representatives, and, with their blinded zeal, will not accept advice from the great National body that proposes to say by whom, and in what manner, Eclectic colleges shall be run. The day is past when one man can go as he pleases in such matters, and this lesson we will be compelled to learn, though late it may be for some.

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### OUR STATE MEDICAL ASSOCIATION.

The Eclectic Medical Society of Missouri has finished up its annual meeting for 1887. The absent members will inquire as to the kind of a time we have had. We hardly know how to answer this question. We would not call it a failure, for much good work has been accomplished; we cannot say that the meeting was a grand success, for in point of numbers the attendance was less than in former years. The efficient work of the officers, and especially that of Dr. Hamlin, Secretary, ought to have brought greater results. Special trouble and expense were made to give all due notice of the meeting, but our country physicians were not so well represented as they should have been, and some of our city members did not put

in an appearance. Many of those appointed on section work did not come, nor make a report. Those who were present were poorly prepared, though voluntary speeches and discussions were interesting. Section work was an experiment, and it was a failure. The officers are puzzled in determining a plan by which the society members may be induced to attend these annual meetings. To abandon our annual gatherings entirely would seem a great calamity. It would virtually be giving up an identity that is essential to us as a school of medicine. We know that we have many noble men throughout the State whose sympathies are with us, but whose presence is most always absent. The facts are that every eclectic physician ought to be a member of his State society. If it is the annual dues that keep men away, I would favor a total annihilation of this barrier. We must not, however, expect the Almighty to send down his ministering spirits after breakfast and return home before dinner. How to accomplish the desired objects, and to effect a more efficient organization in our State societies, is a theme open to all our correspondents. Will some one give us the plan? A committee has been appointed to find out what kind of inducements are required to gain a more faithful and fuller attendance. We may look out for ice cream, quail on toast, or an excursion with music and song at our next annual meeting.

Does it pay to attend these annual meetings? I am sorry to hear the answer: "We cannot afford to make the necessary sacrifices." Some will say: "I fully intended to be there, but my patronage hindered me." These excuses may be reasonable; but every one owes a duty to himself and to the profession to give his presence, or to write a letter or essay to those in attendance. A little effort on the part of every one will bring our branch of the profession to the front, and those who desire such a state of things should now begin to bring this about.

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### COMMENCEMENT.

The commencement exercises of the American Medical College took place June 1st in the college halls of this institution. Seventeen new medicos were made happy by receiving the degree of Doctor of Medicine.

The lucky ones were: W. S. Jones, of Iowa; Jas. T. Julian, of In-

diana; R. T. Etavard, James Y. Whittier, B. E. Buse, J. B. Fleet, B. F. Lazenby and S. F. Curry, of Missouri; J. H. Murray, M. P. Bauserman and S. C. Case, of Kansas; E. E. Murray, of California; A. Doyle, of Illinois; T. M. Hays and A. J. Widener, of Arkansas; F. M. Owen, of Texas; and C. Kohler, of Michigan.

The valedictory upon the part of the class was delivered by J. B. Fleet. The address in behalf of the Board of Trustees and Faculty was delivered by Professor Albert Merrell, M. D. So replete with good matter was this address, that by a universal request we print it in the columns of this journal. This college is bearing evidence of a new impulse and a vigorous life. A full faculty now awaits the 5th of September next, when lectures will again resume for another college year. The college announcements are going forth, and many students have already signified their intention to be present at the first opening. A few catalogues and announcements are left for those who apply. See advertisement and address the Dean.

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### A DEBATE ON LISTERISM — "SHALL WE ABANDON LISTERISM IN SURGICAL OPERATIONS?"

*AFFIRMATIVE:* A. J. HOWE, M. D.

*NEGATIVE:* E. YOUNKIN, M. D.

This debate formed a part of the proceedings of the National Eclectic Medical Association, at Waukesha, Wis., June 16th. We are sorry that we have to rely upon memory and the abridged report of the *Waukesha Republican* for the reproduction of this debate.

*The Opening Address, by A. J. Howe, M. D.*—The alleged discoveries of Lister in the management of wounds are based on the "germ-theory" of disease, founded by Pasteur. The hypothesis is that putrefactive fermentation is set up in an animal fluid by the development of microscopic germs carried into contact with it through the medium of the atmosphere, and not spontaneously developing in the putrefying mass. According to the "germ-theory," and the Lister attachment, suppuration will not take place, and inflammatory action will not be developed, if air can be excluded from traumatic surfaces—at least unfiltered air. Joseph Lister taught that by "sealing wounds" bacteria and other germs might be prevented from traumatic parts; and in the process which con-

stitutes Listerism, the inventor employs a spray of dilute carbolic acid to drive "the germ of putrefactive fermentation from the immediate vicinity of the surgeon's operative procedures." Several hand-machines or spray-developers are to be kept in action during a surgical operation, the air in the room being highly charged with the germicidal vapors. The atmosphere in close proximity with a wound is to be kept absolutely free of germs and septic matter. No organic zyme or phyte is to be admitted anywhere near the operating table. And then a set of dressings are devised by Mr. Lister, and designed to exclude the entrance to a wound of a single microbe. Now, as suppuration does take place in boils and felons, where no atmospheric zyme or phyte can possibly find entrance, the germ theory fails to account for the inflammation and the suppuration in the lesions mentioned. A chancrous bubo becomes distended with purulency, yet not a zyme or phyte can find access to it. Pus is found sometimes within the pericardium and in the pleural sacs, yet no microbe can possibly find entrance to those shut cavities.

But I will return to the complex Listerian method of dressing wounds. If from accident the spray apparatus fails to generate carbolic vapor, the surgeon has at hand a "guard," which is immediately applied to the wound, till the generation of antiseptic vapor can be renewed. The "guard" consists of a piece of linen rag soaked in carbolic acid and water (1 to 40 or 1 to 100). The surgeon is not to proceed with the operation until the spray-generators are well in action, lest he endanger the introduction of a zyme or phyte that would reproduce so rapidly, through the process peculiar to its kind, that millions of microbes would be present in a day. Rapid reproduction necessitates the exclusion of a single germ; hence, Lister has insisted that all of his scheme must be carried out, or it will prove useless, or worse than that. Sealing a wound, with a microbe still left inside the dressing, would give the germ protection while the reproductive process was going on. A multitudinous colony might be present before the cause of trouble is suspected. It would have been better if the wound were left open, and the germs washed away by ordinary irrigation. Well, a preparation of olive oil and carbolic acid (1 to 10) is to be at hand, to anoint the surface of the wound and the skin in the vicinity of the traumatism. The oily lotion prevents irritation at the borders of the

wound, and helps in the "sealing" process. A piece of lint, oiled with the mixture, should be applied directly to the wound; then a folded cheese-cloth, which has been boiled in paraffin and resin, after being soaked in a carbolic acid solution. Lister named this "antiseptic gauze," and made it a leading feature of his dressing. The gauze would absorb serum and lymph, and even pus, if it should be elaborated. Over the folds of gauze was to be placed a "protective" or "Mackintosh," as Mr. Lister denominated it. The glazed and impermeable fabric was made of oiled silk, and coated on one side with copal varnish. On the other side was a coating of starch or dextrine. The "protective" is to be dipped in a solution of carbolic acid (1 to 100) before it is applied. The folded gauze and "protective" extend considerably beyond the borders of the wound, and over these is to be employed the turns of a retentive bandage. This textile should be dipped in the carbolic acid solution before it goes on, and then wetted every few hours. Thus was completed an ordinary "antiseptic method" of dressing, as devised by Mr. Joseph Lister. Each redressing was to be conducted precisely like the first, and was to be repeated every two or three days. In the event that suppuration takes place in spite of the antiseptic dressing, a piece of rubber tubing was, after being antiseptically prepared, to be utilized as a drainage tube. One end of the tube rested in the wound, and the other extended beyond the general wrapping, its outer extremity being enveloped in a wad of antiseptic cotton or lint. The textile absorbed the fluids discharged through the drainage tubes.

*The Reply, by E. Younkin, M. D.*—In answer to the very able address just delivered, so far as the negative of this question is concerned, I might move its adoption, for I can see nothing specially antagonistic to the great doctrine of Listerism.

So far as defining Listerism is concerned, the speaker, in my opinion, has utterly failed. While the practice of Listerism was based on the germ theory advanced by M. Pasteur, it does not rest alone in the belief of that special theory, nor in the simple use of carbolic acid, nor the antiseptic gauze, or protective Mackintosh. Indeed, it does not consist in any special paraphernalia; but in a *great principle*. We may deny the theory of germs, and use dressings in surgical wounds quite different from those prescribed by

Lister, and yet follow out the Listerian principle. As Cheyne has said: "The time will come when the method shall have undergone entire alteration, but nevertheless the principle underlying it will always remain the same."

Listerism is a mode of treating wounds to prevent fermentation and decomposition. If his theory in regard to the production of fermentation and decomposition proves to be unfounded, it does not effect the results. If the affirmative is the author of a certain surgical operation, he may prescribe that it shall be done with a certain kind of knife. I may, however, perform the same operation with a knife quite different from that prescribed, and reach the same end. Lister's object was to heal his operations without undue inflammation; with no swelling and redness; with no pain, no suppuration, no discharge. These objects were accomplished by the use of an antiseptic, free drainage, and stitches not too tightly. While his antiseptic at the beginning was carbolic acid, it did not exclude the use of a better drug; so that whoever uses iodoform, eucalyptus, thymol, boric acid or bi-chloride of mercury is only carrying out the Listerian principle.

Even our affirmative speaker has in his writings advocated the use of thymol as an antiseptic, and is a much stronger advocate of the drainage tube than I; for he uses his drainage tube in laparotomy through the cul-de-sac of Douglass, where I am persuaded it does harm by admitting air into the abdominal cavity.

I want to remind you that asepticism and Listerism are synonymous terms. They are one and the same; and whether fermentation is due to living germs in all cases, I know not, nor care not—decomposition may result from the carbo-hydrates and yet not affect the Listerian principle. Professor Howe says: "As suppuration does take place in boils and felons, where no atmospheric zyme or phyte can possibly find entrance, the germ theory fails to account for the inflammation and the suppuration in the lesions mentioned. A chancrous bubo becomes distended with purulency, yet not a zyme or phyte can find access to it." It is true that bacteria is not normally present in the blood or tissues in the healthy body, and Lister took the precaution in the dressing of wounds to prevent invasion from without. These zymes are found in the blood and tissues of the pathological state; they are found in boils and bubos.

hence they have a means of entrance, and there is therefore no failure to account for the inflammation on the Listerian theory.

The Professor says Listerism never was popular among American surgeons. In this we think he mistakes. Go where you will, the hospitals of this country and all other countries have adopted the aseptic methods of preventing fermentation and suppuration; and the Listerian wave has swept all over this country, until we can scarcely find a surgeon—not even our opponent excepted—but what uses in some way or other antiseptics to prevent suppuration.

Professor Howe himself admits the use of antiseptics; he has also admitted that germs are capable of producing disease. He uses the drainage tubes to lead away whatever debris and purulency might collect; he advocates cleanliness and irrigation. What more to make him an out-and-out Listerian?

He contends that putrid matter cannot be sweetened, and rancid fat cannot be made non-rancid.

We contend that healthy pus can be kept for a time in its healthy state, and that so long as pus is kept healthy it can do little harm. We have processes now by which rancid fat is sweetened and stale butter is made palatable. That pond of water, there dormant, turns putrid; a green scum rests upon its surface; miasma rises from it; malaria and other diseases are created thereby. Now cut a trench through its banks and let it out—let it run down stream, and by its motion and running over rocks and through sands it becomes purified, until it may be taken into the system without harm. So it is with the fluids of the body: they may be kept sweet, and when rancid they may be brought back, so that when in contact with the body they are incapable of producing septicæmia, pyæmia, etc., even though they so liquefy as to be taken up by the absorbents.

Professor Howe seems to make no distinction between Lister dressings and Listerian principles. Dressings may change, but principles never. Even the antiseptic drug may change, as the affirmative has said that Lister finally adopted the bichloride of mercury instead of carbolic acid. If Joseph Lister made it a rule to wash his hands and scrape his nails, and afterwards use a solution of bichloride of mercury, he did not abandon the great principle he had first advocated. Lister's contribution to surgery does not lie in the fact that he invented a spray for throwing carbolic acid



vapor, nor in the fact of using cheese cloth, nor in the exact number of layers that should be applied to a wound, but in his principles of antiseptic surgery, which principles, without the details, are to-day used by many good surgeons that may be found; and though they do not follow the minute details of antiseptis as laid down by Lister, still they give the principles their careful thought and study.

However erroneous, therefore, some of the theories connected therewith may be, the practice of asepticism thoroughly carried out in other ways is sure to bring the results. Life and limb are saved, pyæmia avoided, puerperal fever controlled, laparotomy made certain, joints opened and cured—even operations once hazardous, and performed only by the boldest and best educated surgeons, are now more common under antiseptic precautions, and performed by the more timid and less educated, still crowned with a greater percentage of recovery; thus Listerism has compensated in many cases for bad surgery.

Finally, to whatever these good results are due—to heat or cold, spray, irrigation, purified air, drugs or cleanliness—the crown of all is asepticism, and the glory is Joseph Lister.

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### NOTES AND PERSONALS.

—IN an article on the "Feeding of Infants Deprived of the Breast Milk," Prof. J. Lewis Smith says: "No physician should recommend a food, as he would not a medicine, without knowing its composition; and the composition of most of the recent dietetic preparations, ending with Carnrick's, has been announced. Carnrick's food contains a large percentage of the solid constituents of milk, the casein of which has been partially digested, so as to resemble the casein of human milk in its behavior under the digestive ferment. The other ingredient is stated to be wheat flour, subjected to prolonged baking, so that its starch is to a considerable extent converted into dextrine. This food has the advantage of easy preparation in the nursery and easy digestion. Used alone, it is sufficiently nutritious for the infant. It will probably supersede some of the older foods of the shops. Poor families, who cannot afford to use it as the sole food, will, according to my observation, find it useful made into a thin gruel and employed in diluting the cows' milk with which these infants are fed."

—I HAVE had very successful results in the administration of Bromidia in cases having their origin in disorders of the nervous system, such as cholera infantum, paralysis, insomnia, etc. But I find it to be of special value in treatment of delirium tremens and the results of debauch, it being retained upon the stomach, and speedily controlling the most dangerous symptoms, and producing the desired calmness and sleep necessary, when morphia and other soporifics have failed to do so, and thus rendering the disorder amenable to further treatment. Have also prescribed it successfully in the terrible state of nervous exhaustion due to opium habits endeavoring to relinquish the habit. And, finally, as a result of experience, I pronounce it the "hypnotic *par excellence*."

W. H. MAY, M. D.

—THE *Medical Standard*, in noticing the exhibits at the American Medical Association, says:

"As the importance of the use of antiseptics internally becomes emphasized, Listerine is apt to increase in favor for internal administration, on account of its safety and palatability.

Its composition, of the oils of thyme, eucalyptus and Japanese peppermint, united by alcohol with boracic acid, clearly indicates the therapeutic field.

The 'Lithiated Hydrangea' of the Lambert Pharmacal Company is also well established in the treatment of the diseases of the uric acid diathesis, and favorable reports are constantly being made by physicians of its successful use in urinary calculi, diabetes, gout, rheumatism, and in vesical irritations generally. Each fluid drachm represents 30 grains of fresh hydrangea and 3 grains of chemically pure benzo-salicylate of lithia."

—I HAVE one of Jerome Kidder's Tip Batteries, which I have used upwards of five years, and for the first time I find a repair needed. The platina plate has given out. I believe that for range, regularity and smoothness of current, and therapeutic scope, Jerome Kidder's battery is unsurpassed, while for convenience it certainly has no equal.

ROBERT A. REID, M. D.

—How much better it is to have a drug upon which you can rely, in cases where the patient's life and the reputation of the physician are at stake. Lloyd's specific tinctures are suggested.

—THE warm weather is upon us, and children are in want of a soluble food whereby the digestive organs will not be overtaxed. We call attention to the advertising page vii., headed "Cholera Infantum," and ask a careful reading of that page.

—READER, if you have not subscribed to this journal, and will do so now, sending us \$2.00, we will mail you the rest of this year and also for 1888. I am sure this is a good offer. Don't wait, and then ask for back numbers, for we may not be able to do this.

—WM. R. WARNER & Co., of Philadelphia, New York and London, have been making a leading specialty of manufacturing sugar-coated pills since 1856. They are the pioneers in this business, and have attained an enviable position among pill manufacturers. They claim the most soluble pill in the world, and in evidence exhibit fifteen World's Fair Medals. Their interests are looked after by Mr. P. R. Lance, A. D. Roach and Dr. Robert Kennedy, Jr.

—READ the advertisement of Fairchild Bros. and Foster, on last page of cover. Their digestive ferments are gaining great reputation. Their Peptogenic Milk Powder digests the caseine of cows' milk, and converts it into a food like mothers' milk. It is a wonderful advance toward scientific infant feeding. I use it, and I like it.

—WE depart this issue from our usual custom of short articles. The importance of the annual address of the President of the National Eclectic Medical Association, the subject matter of that and of the address of Prof. Merrell, is our apology.

—WE are informed that on June the 12th, A. H. Collins, M.D., of Honey Grove, and Miss Helen Fuqua were united in marriage. May that grove ever be blessed with the little busy bee, and this happy pair never lose the essential sweetness.

—WE have been made acquainted with the fact that Mr. Geo. H. Rice, M. D., of Bandera, Texas, President of the Texas State Pharmaceutical Association, and formerly one of our best students, recently took it into his head to marry. He struck out, and won the heart of Miss Ada Maudsley, a highly accomplished lady, not far away, and now he is happy. My kind regards to your lady, George.

**BOOK NOTICES.**

**THE VEST POCKET ANATOMIST** (founded upon Gray).—By C. Henri Leonard, A. M., M. D., Professor of Medical and Surgical Diseases of Women in the Detroit College of Medicine. 13th revised edition, enlarged by Sections on Anatomical Triangles and Spaces, Herniæ, Gynæcological Anatomy and Dissection Hints. Detroit: The Illustrated Medical Journal Co., 1887. Cloth, 86 illustrations, 154 pages, postpaid 75 cents.

This little book contains very clear and accurate topographical plates of the Venous, Arterial and Nervous systems, photo-engraved from the English cuts in Gray's Anatomy. The work is especially of value to accompany the surgical case of any practitioner who may wish at his hand a "regional reminder" of the placement of arteries and veins that he may wish to avoid in making his incisions. For this special purpose this little book, since it has the addition of these 86 engravings, is of a good deal of value to the country practitioner, who sometimes does not have the time to return to his office to consult his more pretentious volumes. The "Dissection Hints" show the incisions to be made in post-mortems to advantage.

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**DISEASES OF THE EYE.**—By Édouard Meyer; authorized translation, by Freeland Fergus, M. B., assistant surgeon Glasgow Eye Infirmary; colored plates printed under the direction of Dr. Richard Liebreich, M. R. C. S., author of the Atlas of Ophthalmoscopy. With colored plates and 267 engravings on wood; octavo, 650 pages. Cloth, \$4.50; leather, \$5.50. Forming a complete Manual of Ophthalmology. The translating and editing have been done with the assistance of the author. The illustrations have been carefully engraved; the colored plates, being reduced from Liebreich's Atlas of Ophthalmology, and printed under the direction of Dr. Liebreich, are accurate and faithful representations of their subjects.

This book has gone through three French and four German editions—has been translated into Italian, Spanish, Polish, Russian, Japanese—this, the English edition, making the eighth language in which it has been published.

This book is concise and quite comprehensive. It is an invaluable addition to the literature of Ophthalmology. P. Blakiston, Son & Co., publishers, 1012 Walnut street, Philadelphia.

A TREATISE ON DIPHTHERIA, HISTORICALLY AND PRACTICALLY CONSIDERED; including Croup, Tracheotomy and Intubation.—By A. Sanné, Paris. Translated by Henry Z. Gill, A. M., M. D. Surgical Anatomy added, with colored lithographs and many wood engravings. Published by J. H. Chambers & Co. 656 pages. Cloth, \$5.00; sheep, \$6.00.

Dr. Sanné was a student of Barthez and Trousseau, two teachers who have contributed largely to the progress of this branch of pathology, and hence the author has had opportunity of studying diphtheria closely. We have not had the opportunity of examining this work closely, but we observe that the author, unlike many others, has taken up much space in the *treatment* of diphtheria. This adds to the value of the book. He treats of about every known remedy, and endeavors to give to each its true value. After speaking at length of the use of mercury in this disease, he says: "It has given but little more success than other methods, and its use is founded upon an erroneous theory. Moreover, it is far from being innocent." Again he says: "We entertain doubts of the efficacy of this remedy." A careful study of the treatment alone of this book is well worth the price.

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A PRACTICAL TREATISE ON OBSTETRICS—Vol. IV., Obstetric Operations: the Pathology of the Puerperium.—By A. Charpentier, M. D., Paris. Illustrated with lithographic plates and wood engravings. This is also Vol. IV. of the *Cyclopedia of Obstetrics and Gynecology* (12 vols.), issued monthly during 1887. Price of the set \$16.50. New York: Wm. Wood & Co.

We have given a brief notice of each volume of this work as it came from the publishers; and if we were asked what would be a cheap, concise and comprehensive work on Obstetrics and Gynecology, we would say, these four volumes by A. Charpentier. The diction is clear, and the publishers have done their part well.

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### For Sale.

Will sell two lots, with a good six-room house, also barn on one lot, in a good, live division town on the Omaha & St. Louis Railroad. Price, \$1,200. Practice ranges from \$1,800 to \$2,000 per year. Population of town about 3,000. Address, at once,

W. W. BROOKS, M. D.,  
Stanberry (Gentry County), Mo.

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## *ORIGINAL COMMUNICATIONS.*

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### **FERMENTATION OR BACTERIA, WHICH?**

BY B. L. YEAGLEY, M. D.

So much is written upon these subjects that the average reader shrinks from their farther consideration as he would from an electric shock of high electro-motive force.

This opposition is born in part of prejudice, and in part from erroneous and extreme views presented by writers upon these topics.

While it is true that these minute organisms are present almost everywhere in countless numbers, in the air, in water and in the soil, yet it is equally true, that the large proportion of them are perfectly harmless to human life. Some contagious and epidemic diseases may be dependent upon them for their origin.

These minute organisms are scavengers that, in their own way, do a vast amount of sanitary work. They are the great reducing agents that hasten what we term decay, by tearing down the accumulating rubbish around us into its original elements, and thus enabling them to pass again into the cycle of ceaseless growth and ceaseless activity.

Under one common classification are placed bacteria, disease germs and ferments, though they consist of countless varieties, and possess grave specific differences.

In origin they may be coeval with the existence of matter, and long antedate any history of medicine.

Noah, of nautical fame, was entitled to "letters patent" upon the first product of bacteric growth. He organized the first Wine Growers' Association, planted a vineyard, drank of the product, and experienced the results.

Whether the grape then suffered from the malady which some years ago attacked, and almost destroyed the prolific vineyards of France, that of a foreign parasite, differing from the *torula cervisea* the true wine ferment, or whether Noah possessed a germicide superior to that now used for this purpose, by raising the temperature of the wine-vat to 122° Fahrenheit, we are not advised.

Disease germs existed when Job, the Arabian Patriarch, with intensity of feeling, uttered his doleful gemara and prayed for a germicide (specific tincture), while his petulant spouse at first listens to his platitudes. She at length becomes discouraged, witnessing no improvement in the case, and then, as now-a-days, morally damns doctors, antiseptics, and all.

But his physiological sins were not pardoned by repentance, neither does there seem to have been, in those days, any medicinal means of grace provided.

Bacteria are certain microscopic plant cells, and fermentation is the growth and multiplication of these organisms, and their power to act as such depends on their power to grow and multiply.

They are in all cases living things, yet many substances regarded as ferments are only the food or aliments upon which the ferment subsists.

The destruction of pre-existing compounds and the formation of new ones caused by the growth and multiplication of these minute organisms, constitute the true process of fermentation.

The different kinds of fermentation are usually designated by the kind of substance produced. If sugar is the product, it is termed saccharine fermentation; if alcohol, vinous; if vinegar, acetous; and the offensive decay of albuminoid substances is termed putrefactive fermentation.

There may be a series or succession of bacteric growths, each succeeding one differing from, but subsisting upon, the growth of its predecessor.

A true parasite subsisting upon a saprophyte—a practical illustration of the fermenting process is seen in the common yeast plant.

The beer brewer having extracted the soluble portion from the malt, sows this yeast plant in the wort, a plant which possesses the inherent power of nutrition and assimilation.

The saccharine and nitrogenous portions of the wort penetrate, by endosmosis, the yeast cell, separating the sugar into its elements in order that it can appropriate the oxygen which is indispensable to its life. It transforms a portion of the new material into budding cells. Side by side with these phenomena of nutrition and assimilation are those of an inverse re-action, or those of hystolysis or disintegration, by which a portion of the substance is changed into an excrementitious product, unsuited to the life of the cell. These are eliminated therefrom as effete matter, forming the carbon-dioxide and alcohol of the liquid.

The microscope demonstrates that the sourness, or putridity of beer, which is sometimes a result in brewing, is caused by a foreign parasite or ferment invading the wort and overpowering the yeast plant, the true ferment in the production of beer.

The microscopic plant, *torula cervisea*, upon the surface of the grape, is the ferment, and the contents of the wine-vat at the proper temperature its food. Now, in order to increase and multiply and maintain its life it must appropriate this food, which it does by forcing a dissolution of the grape sugar into its elementary substances of oxygen, hydrogen and carbon. The oxygen is consumed by the plant, carbonic acid is evolved, and the mild, bland juice of the grape is changed, by the action of this ferment, into an alcoholic liquid.

This alcoholic product is the direct result of nutrition, assimilation and life of the *torula* germ, without the agency of free oxygen.

If we expose a clear solution of any nitrogenous animal matter at an ordinary temperature, it soon becomes turbid, and exhibits a condition which we term decomposition, by evolving offensive odors.

The microscope shows the turbidity to be due to the presence of innumerable bacteria that move freely in every direction and multiply by division.

After a time this putrefactive fermentation ceases. A clear supernatant liquid remains, with a sediment composed of bacteria.



The smallest portion of this sediment will excite putractive fermentation in any albuminous liquid, just as the yeast causes fermentation when supplied with its proper food. Ptomaines of putrid meat, spoiled fish, or poisoned sausage, the effects of which, when taken as articles of food, you all doubtless well know from professional experience, are produced by the action of these germs upon those substances of animal origin when under certain conditions of pantry or cellar.

By the increase and division of bacteria in these substances, the neurodine is converted into the highly poisonous principle of neurine. Putrification has been defined as a chemical process induced by bacteria.

The kind and variety of ptomaine produced is dependent upon the kind or variety of the germ and the substance or food upon which it subsists; and the unfortunate person who partakes of such food invites a conflict between his own power to live and a specific organism which deprives his body of fluids, disintegrates and wastes his tissue, and poisons him by the decomposition consequent upon its growth.

The agriculturalist demonstrates from actual tests that a continued succession of crops of certain kinds deprives the soil of constituents essential to its growth—some varieties of crops exhausting the soil sooner than others. One or two plantings of certain seeds will render it sterile, until, through artificial means, the exhausted elements are restored.

By a parity of reasoning it may be claimed that, in those diseases in which one attack gives immunity from a second for a term of years, or in diseases which are non-recurrent, that the contagium particles of the disease, being living things, demand for their life and growth certain elements from the human body, just as inexorably as does the seed sown by the farmer from the soil, and it is not unreasonable to conclude that the parasite may consume those ingredients in the body so far as to render it either partially or totally unfit for a second crop.

The soil is exhausted, and, until the lost constituents are replaced, that person is protected from any farther attacks of that disease.

To exhaust those constituents of the system that serve as aliment for the parasite, a less vigorous and less destructive than the most

virulent may suffice to sterilize the body; and if by means of a feeble organism these constituents of the body have been consumed without fatal results, then the most virulent parasite may be introduced into the system and it will prove powerless.

This principle is demonstrated in vaccination, where the body is rendered so refractory that a state of immunity is reached, when we can inoculate with the most virulent of virus and any quantity without effect.

Some years since, the silk husbandry of France was in a state of ruin, on account of a disease among the silk worms.

A definite organism, a vibratory corpuscle, is discovered in the blood of the diseased worm; and this parasite is followed through all of the phases of insect life—through the worm, the egg, the chrysalis and through the moth. Infection was resorted to as a remedy, by permitting some worms to feed upon leaves spread with corpuscular matter. They were infected by inoculation in this manner, and, by association with the other diseased worms, infected them through wounds or abraded surfaces upon their bodies, and the ravages of this fatal disease is thereby arrested, and the silk producing interest restored by sterilizing the blood of the silk worm with corpuscular matter less virulent.

The investigator who takes up an embryo principle in regard to the correctness of the germ theory in communicable diseases, and pursues it, fortifying himself at each mile-stone with an actual demonstration, contributes to scientific research.

But to assert that all diseases are of germ origin, it becomes necessary to lose sight of the relation which facts and phenomena sustain to principle, and the advocate of such a theory usually sees nothing but the extravagance which he is seemingly seeking to avoid.

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## ON THE EARLY DIAGNOSIS OF TUBERCULOSIS.

BY R. L. GALBREATH, M. D.

In offering this paper, it is not in the belief on my part that I shall be able to present anything new or startling on this very grave question, but with the hope that I may elicit discussion on a subject that presents some nice points; and to the active practitioner those points are presenting themselves almost daily.

The tubercular condition, or tuberculosis, has been recognized by the medical fraternity in the long past. It has been ably discussed by able men; and learned essays have been written concerning it; and yet there are many conditions pertaining to the disease that are debatable. Its presence is so universal, its symptoms so varied, and its inception so insidious, that we, as medical practitioners, cannot be too careful in studying its "ear-marks." It would seem to the casual observer that a condition that has been recognized for more than two thousand years, and that is as universal as the human race, ought to be sufficiently well understood by this time to be readily recognizable by any medical man. And yet, notwithstanding the volumes that have been written on this particular subject, we find the most skillful diagnosticians very frequently deceived. The modes of invasion are so insidious, and the points of attack so numerous, and the progress of the disease in its incipency so undemonstrative, that it is well calculated to deceive the closest observer.

I am not prepared to give the distinctive differences between scrofulosis and tuberculosis, if any such nice distinctions exist. In theory and in practice, I regard both so-called conditions as one and the same, with perhaps this qualification, that scrofulosis is a less advanced stage of the disease than that designated tuberculosis; or the following, which more nearly meets my idea: that the term scrofula or scrofulosis is more particularly applicable to that type of tuberculosis that takes hold of and is developed in the lymphatic system. I believe that the term scrofula, instead of being used to designate any particular disease, should be used in relation to tuberculosis in the same sense as the terms tubercular meningitis or tabes-mesenterica. That is, it should be understood as designating a tubercular condition of the lymphatic system, in the same sense that tabes-mesenterica designates a tubercular condition of the mesentery. I shall, for the present purpose at least, use those terms as thus defined.

There is probably no part of the human organism that may not be attacked by this disease. "Willigk, in 1317 cases of tuberculosis examined by him, reports the order of frequency of invasion of different parts of the body as follows: Lungs, intestines, mesenteric glands, larynx, lymphatic glands, peritoneum, spleen, kid-

neys, pleura, liver, air passages, bones, genital organs, brain, cerebral membranes, urinary passages, pericardium, stomach, bowels, skin, muscles, tongue, pharynx, œsophagus, heart."

"Rokitansky has given the following order, from his experience : Lungs, intestines, lymph glands, larynx, serous membranes, brain, spleen, kidneys, liver, bones, uterus and testicles."

The order in which the different organs are liable to be attacked will, no doubt, be very considerably modified by climatic and other surroundings.

The foregoing qualifications call our attention to the multiplicity of organs and tissues subject to invasion. When we take into consideration the many and diversified lesions to which these same organs and tissues are liable, and the close relation of symptoms and diagnostic indications very often presented by different lesions, we can readily see that a differential and positive and correct diagnosis may be very hard to reach.

Let us look for a moment at the picture of a subject whose first presentation to us will suggest that the conditions favorable to tubercular development are present. The picture has been well drawn by Miller: "The complexion is fair, and frequently beautiful, as well as the features; the form, though delicate, is often graceful; the skin is thin, and of fine texture, and subcutaneous blue veins are numerous, shining through the otherwise pearly white integument. The pupils are usually spacious; and the eye-balls are not only large but prominent, the sclerotic showing a lustrous whiteness; the eye-lashes are long and graceful, unless ophthalmic tarsi exist, as not unfrequently is the case; then the eye-lashes are wanting, and their place is occupied by the swollen, red, unseemly margin of the lid."

These are some of the prominent outlines, more easily recognizable, and that may be read at sight, or as we pass along the street. This picture has many shadings, dependent upon temperament and complexion. It does not necessarily follow that because a person may have inherited a clear skin, a neat form and a pretty face that he or she has inherited tuberculosis. But with such an inheritance, a *good family record* is a very important part of the dowry. Statistics, as well as casual observation, indicate that the lung is the most common point of tubercular attack. I think it probable that the

arrest of the disease depends very considerably on the part or parts attacked. The respiratory organs, on account of their direct exposure to varying conditions of temperature and atmosphere, are probably the most unfavorable points of attack. The mesentery, so far as my own observation goes, is an equally fatal point. One reason for this may be on account of the difficulty of early diagnosis of mesenteric involvement. Although the lungs are the most common point of development, I do not believe that it follows that tuberculosis has any particular affinity for the lung, rather than any other organ or tissue. I believe that, all other things being equal, the denser the tissue, the less liable it is to invasion. At the same time, any accident or injury to a denser tissue, that would weaken its functional activity, would make it a favorable point of development. As already intimated, I do not believe that tuberculosis is essentially a lung disease. I believe that the tubercular diathesis is systemic; and that if a tubercular subject, with a tubercular history, and having the tubercular diathesis well marked, but in whom the disease is yet latent, were placed before experts and examined, they cannot with any degree of certainty indicate where the lesion will develop, or whether or not it will develop at all. The development of some other disease may determine, not only the development of the tubercular condition, but also the point of development.

I believe that the disease is as readily, perhaps more readily, detected in the lung as in any other organ, for this reason: that irritation of the lung tissue, though it be but slight, makes itself known by producing a slight, hacking cough, which increases as the lesions become greater. There may not be enough irritation to produce pain, but sufficient to produce a cough. In any other deep organ or tissue there would have to be sufficient local disturbance to produce pain or tenderness or functional derangement before attention is likely to be attracted to that point. Again, irritation in the living tissue may be more difficult to overcome, because of the constant alternate expansion and contraction of that organ in breathing. It is never at rest. The same may be true of the mesentery, from the action of the abdominal muscles in breathing.

The tubercular subject is not generally found among that class of patrons who visit the physician and insist that they are *sick*, and that they *must* have something to take. On the contrary, they are, as a

rule, unconcerned about their condition, and are usually skeptical as to there being anything alarming about their case. When a patient comes in and undergoes an examination, giving at the same time a very voluminous and very minute report of all his aches and pains, and then winds up with the question, "Doctor, don't you think I have consumption?" I always say no.

A patient enters the M. D.'s office with a rather cheerful expression, and, if acquainted, probably with a smile or a laugh, and after a few words of lively conversation introduces the subject of his visit in a kind of jokey, probably apologetic, way, by saying that husband or wife, or father or mother, had insisted upon him or her, as the case may be, seeing the doctor; that they (the friend or friends) thought he or she ought to have some medicine. "Mother wants me to take some medicine, but I don't think I need any." We examine this patient. What we learn from this patient, we have to learn by close questioning. There is some palor probably, though not necessarily; variable appetite; easily fatigued; muscles soft and flabby; pulse too fast; temperature above the normal; family history not good. There may not be any pain that the patient will acknowledge; we may not detect any abnormal lung sounds; and yet the probabilities are that our case is tubercular in character, and a treatment in that direction is suggested.

The early diagnosis of the disease is of the utmost importance. The theory is widely prevalent, in fact almost universal, that *consumption* is incurable. If the physician loses a patient, and he can satisfy the neighbors and friends that said patient died of tuberculosis, it settles the question at once as to the physician's responsibility. The case was, of course, incurable. I am not an enthusiast as to the curability of this terrible malady. On the contrary, I am always guarded in my prognosis, and never make any promises in presence of a tubercular diathesis. I believe that when the disease has once made such progress as to be detected without careful examination, and especially when the marks are so prominent as to be recognizable by the laity, that we are safe in giving an unfavorable prognosis. On the other hand, I believe that if the disease is detected in its early incipency, it is, in many cases, curable. While we may not be able to eliminate the tubercular disposition, it is probable that its development may be arrested, and held, as it were, in a latent state.

These peculiarities of this class of patients and type of disease, which might be extended to great length, are hinted at to indicate to us the magnitude of the disease under consideration with which we have to deal, its universality, its many points of attack, its multiplied symptoms, and its silent but fatal work.

An early *correct* diagnosis *may* save our patient. A mistake may be fatal. I have no infallible rule to present as a guide to the practitioner in making a diagnosis; neither have I any special or pet remedy to offer in the way of treatment. Each individual case is a new one, and has something in it peculiar to itself.

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## HYGIENE.

BY A. A. COLEMAN, M. D.

The prevention of disease has of late years become as important a factor to the medical profession as the curing of disease. We live in an age much faster than our predecessors, and to carry out our purpose every nerve is brought to its highest tension. The impression is upon us that without wealth life is scarcely endurable; though, in our experience, we finally learn that wealth is not the royal road to health and happiness. As the spirit of money-making predominates, so our intelligence and happiness diminish.

This, therefore, is an age that will determine the powers of endurance, not in commerce alone, but in every walk of life, and in every avocation man pushes forwards to hold what he regards his own. Each individual hurries to pass his fellows in the race of life. To be successful it requires a perfect health, yet the strain upon his physical forces is apt to bring him down. We are inclined to look sharply after all ailments except that of our own physical bankruptcy, which is brought upon us by the persistent draft upon our physical forces.

The very large increase of heart and brain disease among the well-to-do classes is a direct outcome of an impetuous excitement and anxiety.

Ill-health is also due to the methods of constructing our dwellings—low rooms, insufficient sunshine, too many persons crowded together, bad ventilation, and, worst of all, bad sewerage.

During the days of past ages sanitation was not thought of; the streets, on their open surfaces, were used as sewers, while the

water we drank was drawn from just beneath the filth. The half-decomposed bodies were drawn to churches where vast audiences were permitted to breathe an atmosphere impregnated with disease while the last rites of burial were performed. Sailors compelled to sleep and labor in hulls unfit for living animals. Foreign emigrants, ignorant as well as fanatical in regard to the care of their own person, ignoring all sanitary laws, with disease, pestilence and death in their paths, setting on fire whole communities and territories. When we now look at the fearful death-rate of those times, we stand and gaze with wonder, and it has only been within a decade of years that we have awakened to our sense of duty in such matters. Look, for instance, at the outbreaks of yellow fever. We can trace its introduction from country to country through a disregard to the laws of quarantine. Vessels enter our harbors from foreign ports, laden with articles of commerce and the germs of disease. Soon the Angel of Death is pinning his placards on nearly every door. Go now and examine the deep and dark recesses in that ship—examine the air. Can you stand the atmosphere for an hour? No sunshine, and all is filth. 'Tis here those goods were packed, and these emigrants were held for days, weeks, perhaps months, and it is here where Death's Angel had his hiding place, and where the bodies of many an infant and adult have been taken and consigned to the bottom of mid-ocean in their voyage.

Free ventilation is of the greatest necessity. There is a certain amount of air required for the health of every individual, and though the rooms of our dwellings be large and spacious, the air should be often changed. The richer classes are in the habit of sitting in a room closely-heated, where the air is laden with the products of combustion. The advantages of large bed-rooms are lost by burning gases—the heat destroying the oxygen, and the gases usually of a more deadly character. Under such circumstances man fits himself for the toils of the day. He feels unfitted, and then asks for the cause of his ailment.

In affections of the lungs the disease arises from mechanical irritants in the air; and in all chronic diseases of the lungs there is an aggravating cause on account of these irritants.

Turning from the impurities of the air, let us notice the supply of



water. Churches, theatres, schools, and all places of public entertainment, are liable to produce such effects as faintness, headache and general malaise. Epidemics are unquestionably often produced by bad water—such as cholera, typhoid fever, dysentery, etc. Referring back to a cholera epidemic in London many years ago, we find 37 per cent. of deaths among those who drank water from the Thames. It is evident that water impregnated with decomposed animal and vegetable matter is capable of producing disease. Where wells and cisterns are low, and the water is carried by ditches or gutters, the decomposed matter finds a ready access from pools, vaults or privies.

Many of the poorer classes have but little conception of the use of air and water, and hence, in ignorance, they violate daily the greatest of the laws of their being. I see from four to six beds in a comparatively small room. At night these beds are filled with filthy children, and adults none too cleanly; a smoking kerosene lamp; no windows for air or sunlight; no application of water to the bodies of the inmates, or to the bedding; fleas, nits, gray-backs and bed-bugs on a rampage; and we have the unquestionable evidences of the causes of disease.

Again, outbreaks of typhoid fever, etc., have been known to attack the water-drinkers, while the drinkers of beer have been free from the disease. Thus there is danger in water as well as beer. In my next I will have something to say on drunkenness.

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## BI-CHLORIDE OF MERCURY.

BY C. C. HANKINS, M. D.

Every physician in existence has heard mercury in every form discussed and “cussed” for, lo, these many years. The eclectic physicians, as a class, have almost discarded the internal use of the drug and are a little uncertain as to the external application. Notwithstanding this fact, I believe many of the preparations of mercury have a valuable place in medicine. I wish to give my experience with bi-chloride of mercury as an external application. I consider this remedy, in connection with hamamelis virginica, almost a specific in many diseases of the rectum. Have never yet seen a case of that most troublesome of diseases, commonly known as “itching piles,” which these remedies combined would not relieve. I usually

prescribe the remedies in proportion of—R. Bi-chloride of mercury, grs., ij. ; hamamelis (Pond's extract), ℥, ij. M. S. Apply to the parts effected, night and morning by means of a small sponge or rag.

Have succeeded in removing hemorrhoidal tumors of considerable size, and in reducing others that were quite large and painful. Also cured a case of anal fistula, by introducing into the opening each day absorbent cotton saturated with the above mixture. Have used the prescription in quite a number of cases of eczema, without a single failure to relieve, and, in the majority of cases, to cure permanently.

Will relate three cases which are of interest because of their long standing.

March 15th, 1886.—Mr. R. came to my office and reported that he had some kind of skin disease on the inside of his legs which was causing him a great deal of inconvenience. Said he had been suffering with the trouble for about seven years, and had been taking medicine internally and using external applications at times for the last six years, but, as yet, had received naught but temporary relief. On examination, found on inside of legs, from knee up, the cause of all his suffering. The skin had the appearance of having recently been scratched or rubbed. It was quite red and the surface was covered with small pimples, some of which were bleeding slightly at the time, and others were scabbed over with a small hard crust. Said the itching was very severe at times, and, if he scratched it, it was sure to bleed. Gave him a two ounce mixture of the above recipe, with the instructions to apply twice a day, and sent him on his way with much doubt in his mind as to the virtue of the harmless looking mixture. In two weeks he returned and reported the "thing gone." He wanted the bottle refilled, to use in case it should return, but as yet it has not done so.

April 1st, 1886.—Mr. D. reported a disease on his breast which was causing him much anxiety, as it seemed to be spreading, and the itching and burning were more troublesome than common. Found the skin very little inflamed, but on its surface were red, angry looking pimples, about the size of number four shot. This case was of three years' standing. Gave him bi-chloride of mercury and hamamelis in the proportions above stated. He applied

it twice a day for one week, when the eruption disappeared and has not returned to date.

January 30th, 1887.—Mr. S——, an old gentleman of sixty summers, came to my office; said he had the eczema, and had had it for twenty years. Said he had gotten pretty well accustomed to the old trouble, but within the last two or three years it had gotten into his eyes, and he had to rub them almost constantly while awake, they itched to such an extent. The eye balls were very much blood-shot at the time. Turned back the eye-lids and found them covered on inside with small, yellow looking pimples. Prescribed—R. Bi-chloride of mercury, gr. 1-6; aqua rosa, ʒ iv. M. S. Drop four or five drops into eyes three times a day. The itching has not troubled him since, and the eye balls look perfectly clear. Am now treating the disease on his body with the bi-chloride and hamamelis; the itching has subsided somewhat, and the eruption is disappearing. Think he will finally get entirely well.

Have had some good results from the internal and external use of bi-chloride of mercury, in another variety of cases, which I will send to the JOURNAL at some future time.

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## THE END OF ECLECTICISM.

BY C. A. F. LINDORME, PH. D., M.D.

I do not agree with Lorenzo E. Russell, M. D., Ex-President of the N. E. M. A., about the *aeon* of eclecticism. So far from believing that it will, as he says, 'remain forever,' I hold that it is just about commencing to tend towards its end. And, strange to say, the reasons for this opinion I draw from Dr. Russell's own exposition.

Our worthy Ex-President states in his address, that eclecticism has been exceedingly successful; regulars and irregulars are acceding to its reasoning, common sense and convincing practice. The allopathist, by abandoning their old hobby of depletion; the homœopathist, by coming around to herbaceous propensities. But he states, at the same time, that, eclecticism as to its general standing, beyond bringing about such a result, never had any mission in the world nor ideal vocation; consequently, if, by its accelerated success, the signs of which are accumulating, it is about reaching its acme, it is, to my mind, merely a logical conclusion that, from its own accom-

plishment, it will soon come to a point where, all converts having been made for which there was any occasion, eclecticism must, for want of an object, die—die, so to speak, of its own virtue and high attainments.

Dr. Russell leaves us a little in the dark about what eclecticism in the deepest sense of the word, means. He does not accept Thomson and Beach as the representatives of its principles; and of the superior merits of more recent workers he prefers to not say anything, for fear they might get too proud, because they continue yet in this sinful life. But, be his idea about the eclectic principle as it may, he cannot deny that its calling, in what he terms the evolution of medicine, is an opposing or negative one. Now, then, a negative cannot last longer than its positive. Allopathy and homœopathy having been overthrown, it will not be eclecticism that remains upright, but simply the science of medicine, freed from the trim of sectarianism and trumpery of schools, and I think it is no drawback from the glory of eclecticism that it is bounded by mortality. Our ambition cannot well go further than medicine, and when allopathy and homœopathy, by the dire assaults of eclectic impetus, will be compelled to surrender, eclecticism may be satisfied to merge with them into the one great body, which by one-sided aberration from unitary principles only sects can ever cease to be. Eclecticism wanting, after a glorious conquest of the medical universe, to continue as a separate entity, could not do it but by giving up its own identity, not being able to show off, but by the barren exhibition of its bare epiphany.

It seems to me, therefore, as though eclecticism would not act very wisely in priding itself upon its originality as a specific American institution. Divisions of medical science by casual political lines, I am inclined to believe, is, especially in view of the pending International Congress, a somewhat eccentric standpoint, and forbids itself in our case all the more because of the coincidence of our terminal point with our climax, giving us an occasion to wish a supply of the lacking glory in the future, by claiming part of that of the past.

Now, Lorenzo E. Russell, M. D., does not think highly of the past. He would be even ashamed of it, were it not for the satisfaction which, according to him, our own time may entertain about its glorious self.

But Dr. Russell's exposition gives us again an argument against his own standpoint. It cannot have been quite so bad with old Hippocrates as Dr. Lorenzo E. Russell would make us believe, although Hippocrates was no M. D., neither bogus nor regular, indeed, because our learned Ex-President calls the teachings of Sydenham "enlightened." Now, then, what were essentially the teachings of Sydenham? He opposed the doctrinary ways of his time, the theoretical zealotism which neglected observation of its cases, and got ready with its practice of medicine by hasty conclusions from preconceived abstracts. Sydenham wanted to return to the method of Hippocrates, whose starting point in diagnosis was the observation of the sick-bed.

Even thinking very highly of what Dr. Russell classifies as American eclecticism, but what, more strictly speaking, even from his standpoint, should be termed United States eclecticism (for Canada seems to own as little a share as Patagonia), it seems to me we may admit some of the men of the past as coming almost near to even those whom modesty forbids Dr. Russell to mention.

If Paracelsus was a boaster, it might, at close scrutiny, be not quite impossible to find a match in our own time; and Boerhaave could not have been a very indifferent eclectic practitioner, for he made several millions of florins by his practice, and, if it is true that the essence of eclecticism is in its being prompted by scientific freedom and liberal professional views, then we cannot help seeing one of ours in all the many champions for medical progress of whom the history of medicine keeps a record.

But for all that, to my mind, it is rather a forcible interpretation of history if we call it an evolution; and here again we find, if nowhere else, our arguments in the very exposition of Lorenzo E. Russell, M. D.

The more ancient medicine must be contrasted to the modern medical achievements, the less we can trace the germ of the latter to antiquity. But without a development out of such a germ, we cannot well speak of an evolution of medicine. There are so many ups and downs in its history that we might rather call it an undulation; every rising wave leaving a trough behind. Accordingly, there are episodes in history which vie with the state of medicine in the most advanced countries of the present time; and, on the other

hand, we see in our civilized nineteenth century specialties proper, which, although not equalizing those of ancient Egypt, remind us of the darkest ages of the human mind.

Taking into consideration the chariness of technical means in the times of Hippocrates, the medical reasoning of this man surpasses all and every professional accomplishment on record, and we must acknowledge Hippocrates as the greatest physician who ever lived.

On the other hand, there is all through medical history so little a straight line of development, that Dr. Russell, in his exposition of the evolution could, with impunity, call the discoveries of Vesalius, Harvey and Hunter mediæval, and put Sydenham down as a more recent writer, although Vesalius was the very initiator of modern anatomy, Harvey and Sydenham contemporaneous, and Hunter only some years over a century ago among the living.

There is a line of demarcation in the history of science: this is the exchange of the deductive method of research for the inductive one. But in the ancient world there were some who followed modern ways, and, in our own time, there are many who, in spite of all enlightenment obtained by the application of the inductive method, are bound to cling to deductive obscurantism, because they like it better.

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### POSTAL BRIEFS.

EXOPHTHALMUS — BASEDOW'S OR GRAVES' DISEASE. — *Prof. E. Younkin, M. D.* — *Dear Doctor:* — An article, "Electricity in Exophthalmic Goitre," in your journal induces me to report a recent case in my own practice, and ask for a hint. Mrs. Green, æt. 27 years, had been for ten years suffering frequent attacks of Graves' disease. Her father, brothers and sisters are similarly afflicted. On the 3rd inst. was called in haste to see her. I found her unconscious, with characteristic protrusion of the eyes; pulse 160. All the acute symptoms yielded readily to digitalis and aconite. The next day she began to take syr. ferri iod. On the third day after this, she was again seized with an acute attack, and although her husband gave her digitalis and aconite freely, she died in the course of an hour. Will you have the kindness to tell me if electricity will benefit such cases? F. A. REW, M. D.

*Answer.*—The sympathetic nervous system has been directly treated by electricity and galvanization, in accordance with the theory of

a primary affection of the cervical sympathetic. Chvostek has recently made some thorough observations upon the action of galvanization on the sympathetic. Thirteen cases were treated by this method, mostly for a long time, all of which were considerably improved or even nearly cured, and this sometimes after a very few applications. Galvanization had an important influence, especially in procuring the reversion of the exophthalmus and the struma, while the action on the heart was very slight in several cases.

Eulenberg states that in his experiments a lady of fifty had a habitual pulse of 108 to 130, with abnormal tension of the carotids. When the cervical sympathetic was galvanized, by placing the negative pole upon it, with a very weak current (from 6 to 8 elements), the pulse was observed to sink gradually to 84 or even to 70, while the tension of the carotids and radial arteries continually diminished. The patient felt much better at the same time. Since then I have employed galvanization of the sympathetic in six other cases, mostly very severe cases, but owing to their living at a distance, and their treatment short, the improvement was but small; but I was able, after a short application of electricity, to ascertain that the rapidity of the heart's action was considerably lessened, and a soothing influence was observed.—[EDITOR.]

GASEOUS ENEMATA.—*Prof. E. YOUNKIN, M. D.*—*Dear Doctor:*—I read, with much pleasure your article upon the treatment for pulmonary consumption, in the June issue.

It is not my desire to bore you with a long-winded communication, but have a few points that my observation with this agent has taught me, that I will try to give you. I have had one patient under this treatment since May 9th last, and now have four, all of which are doing well. I use an apparatus, which is not exactly the same as represented in your journal, but mixes the gases in the bag all at one operation; that is, it does not require the wash-bottle to be taken to the patient's bed; which is an improvement over the above-mentioned, as the patient can use it himself.

Your statement with regard to the air being displaced from the dioxide generator, wash-bottle, gas-bag, etc., I have found by experience must be done, or the patient will often suffer very much.

With regard to causing grave symptoms in some cases—such as prostration, dyspnoea, headaches, blindness, etc.—any symptoms of

colic may come from injecting air, or from having the gas too low a temperature. The gas should be made fresh and used at once. A friend writes from Cleveland, that he was obliged to abandon its use upon a patient as it caused trembling, difficult breathing, and great prostration. This, I think, came from the gas not being fresh, it being made at the doctor's office, and not reaching the patient until several hours afterward.

In another case, the nurse made gas enough in the morning for the two treatments; when the last half was taken in the evening the above alarming symptoms were manifested. I was called, after the patient revived. I administered more of the stale gas, slowly and with care, when again there was trouble. I then made fresh gas, and all went well again.

One party writes that he uses no force to drive the gas from the bag into the bowels, thus taking from two to three hours to get himself outside of the two gallons of gas. He had the same bad effect. I advised him to complete the operation in from twenty to forty minutes, which he did, with none of the bad effects.

Now, I can't say why this is so, or what change, if any, takes place in the gas from storage, and cannot see that it can get anything from the bag (rubber).

The first case treated by me with this remedy was a man of about 50 years; tall; light complexion; long neck; hollow-chested; had been going down for four or five years; was unable to leave his bed without assistance; only sat up to have his bed made; his night sweats would not yield to any remedy known to me; his temperature in the morning was 100, and higher in the afternoon; no appetite; feet slightly swollen; bowels loose.

On May 9th, I gave the first injection of the gas, once a day for the first three or four days; twice a day afterward. He has had no night sweats since the first treatment was given. At the end of the second week his temperature was normal; tongue cleaned; was eating steak and solid food; rested well nights. At the end of four weeks had gained in weight over six pounds; sat up all day; walked about the farm and to neighbors; cough and expectoration at least *three-fourths* less. It has now been seven weeks (more than that now) since he began the treatment. Saw him pass my office yesterday, with a load of strawberries, on his way to market. Another



man, of about the same age, was not able to leave his room. Has taken treatment about six weeks; has gained in flesh and strength; drives his own horse; says he knows he is going to get well. The third and fourth cases have been under treatment only a short time; say they feel stronger.

Now, if I have "unloaded" this, and tired your patience, I trust you will be kind enough to excuse, under the circumstances, as I am greatly interested in the matter; and should you develop any new point or points in this treatment, I can assure you I should be pleased to know them.

One doctor, in Cleveland, relieved several cases of asthma (chronic) by inhalations of these gases.

In one case, with heart trouble, with a poor circulation, I tried the gas (had lung trouble, also); the blue nose became bluer; had to stop its use. I had expected this, and therefore administered it with caution.

Yours truly, E. R. WATERHOUSE, M. D.

AN OASIS IN A BARREN DESERT.—*Prof. Younkin*:—It is really pleasant to consider that not all of a country doctor's life is trouble, turmoil and vexation of spirit, but that occasionally something occurs that, if rightly considered, brightens his pathway and makes life worth living.

Not long since, I was treating a case which I thought could not possibly recover. I had told the family to get anyone else they chose to see the case, and if any other physician thought he could do them any good whatever, let him treat the case. I continued to see the case every day, in the afternoon. Dr. No. 1 was called. He saw the case in the forenoon. Prognosis not materially different from mine. But he knew of one medicine that offered hopes. Prescribed it (tr. gelsemium, in large doses). One afternoon I called; was shown the recipe; but as the conditions called for belladonna, did not give the gelsemium, which so enraged the doctor that he talked ugly about me; said two of those pills would kill the patient (sulph. atropia,  $\frac{1}{100}$  gr., one pill every eight hours). He did not know what was in the pills.

Two days later, Dr. No. 2 was called: *i. e.*, five days after I had given the unfavorable prognosis. He, too, was there in my absence. Said he: "The man will certainly die; but if I can keep him alive till to-morrow morning, there will be a chance for him." He pre-

scribed; left; returned next morning, and said; "If I had been called two days sooner, could have saved him." The patient died that night.

Now, imagine, if you can, the fun that I had, calling every day at the request of the family. Neither of the two doctors called would agree to consult with me; "irregular," they said; but they would both come every time called upon to do so.

The most remarkable feature in the case was that both doctors said the patient had no fever—pulse 48 to 56 per minute. Neither of them thought it was necessary to take his temperature, which was  $104^{\circ}$  when doctor No. 1 was first there, and  $106^{\circ}$  when doctor No. 2 was first called. The family kept my thermometer in the house, and took the temperature three times a day.

This has been an "oasis in a barren district" to me. The case was one of lepto-meningitis.

M. M. HAMLIN, M. D.

THREE TIMES A DAY.—As a certain famous cook has well said, there is no silent educator in the household that has higher rank than the table. Surrounded three times a day by the family, eager for refreshment of body and spirit, its impressions sink deep, and its influences for good or ill form no mean part of the warp and woof of our lives. Its fresh damask, bright silver, glass and china, give beautiful lessons in neatness, order and taste; its damask soiled, rumpled and torn, its silver dingy, its glass cloudy and china nicked, annoy and vex us at first, and then instil their lessons of carelessness and disorder. An attractive, well-ordered table, is an incentive to good manners, and being a place where one is incited to linger, it tends to control the bad habit of fast eating; while on the contrary, an uninviting, disorderly table gives license to bad manners and encourages the haste which is proverbial among Americans. The woman, then, who looks after her table in these particulars, silently gives good lessons in manners and morals to her household.  
—*Ex.*

WARTS.—According to the *Therapeutic Gazette*, castor oil, constantly applied for two, four or six weeks—that is once a day—has not failed in any case of any size or long standing, in the hands of Dr. Dumm, of Columbus, O.

**SELECTIONS.****SEPSIS AND ANTISEPSIS IN SUMMER  
DIARRHŒA.\***

BY SILAS ALLEN POTTER, A. M., M. D.

Writers upon summer diarrhœa appear to be agreed that fermentation holds an intimate relation to the disease. Dr. H. C. Haven† says: "It will, I think, be universally admitted that, in its totality, summer diarrhœa of infants is a zymotic or fermentative disease." Maximilian Herz‡ states, in regard to cholera infantum: "It is pretty generally admitted that putrefaction of food, as Baginsky maintains, is an important cause of cholera infantum." J. Lewis Smith§ writes of infantile diarrhœa of summer: "Undoubtedly one of the most important causes is to be found in the very free exhalations arising from decomposing animal and vegetable matter during the heated term, and the disease is always most frequently met with in those localities where the accumulation of filth is the greatest."

It is the object of this paper to collect the more important facts about fermentation, and consider their relation to the disease in question.

The terms sepsis and antisepsis we wish to employ in a broad sense, to indicate, on the one hand, injurious effects resulting from micro-organisms; on the other, influences adverse to the life or activity of micro-organisms.

The alcoholic fermentation is produced chiefly by the yeast fungus, *torula cerevisiæ*; the lactic-acid fermentation, chiefly by the *bacillus lactis*; the butyric acid fermentation, chiefly by the *bacillus butyricus*. Of these three processes it may be affirmed that the principal organism concerned in their production has been determined. This certainly has been reached by the isolation of the organism, the introduction of a pure cultivation into an appropriate sterilized medium, and the obtaining of the proper chemical decomposition.

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\* Read at the Annual Meeting of the Massachusetts Medical Society, June 8, 1887.

† Medical Communications of the Massachusetts Medical Society. 18. 6.

‡ Wiener Klinik, 1882.

§ *The Medical Record*, May 25, 1878.

Other fermentations, such as the acetic, ammoniacal, viscous, putrid, have not been studied with the accuracy which the latter methods of research permit. Though due to bacterial action, it is impossible to designate a particular organism as their sole or chief cause. The micrococci found in putrefying material are yet undifferentiated, and the bacterium termo, believed by Cohn to be the essential cause of putrefaction, has already been proved to be a name covering more than a single variety of organism. It is not improbable that the same may be shown to be the case with the micrococcus ureæ, micrococcus aceti, and others.

However, it is not so much with the particular organism producing these various changes that we are now concerned, as with the grand fact that the cause of fermentation and putrefaction is vital. "Micro-organisms," writes Carl Fraenkel,\* "are the producers of fermentation, and, what in the economy of nature is a still more important part to play, are the cause, and the only cause, of the putrefaction of organic substances."

When it was proved that it was the exclusion of bacteria from a wound that averted the traumatic infective diseases, a scientific basis was at once given to antiseptic surgery. If we believe that summer diarrhoea, in a vast number of instances, would not occur but for fermentation, then a recognition of the causes of fermentation is the initial step in our understanding of the disease.

It is not claimed that in defining the chief morbid process the ultimate cause of the disease has been demonstrated. It is well known that bacteria are constantly present in the digestive tract in health. It is even possible that they are useful there. Before reaching the ultimate cause, the question must still be answered, why these organisms, at one time subject to the control of the body, become at another productive of disease.

The action of fermentative organisms in causing diarrhoea is probably indirect, the more immediate agent being substances produced by the microbes through the decomposition of the fluids in and upon which they live.

According to Flügge,† the chief products of bacterial action are :

\* Grundriss der Bakterienkunde. Berlin, 1887.

† Die Micro-organismen. Leipsic, 1886. Also, W. Watson Cheyne, *American Journal of the Medical Sciences*, January, 1887.

Gases, as  $\text{CO}_2$ ,  $\text{H}_2$ ,  $\text{CH}_4$ ,  $\text{HS}_2$ ,  $\text{NH}_3$ ; water; sulphur; volatile bodies, as trimethylamin, alcohol, formic acid, acetic acid, butyric acid; fixed acids, as lactic, malic, succinic, oxalic, tartaric; sulpho-acids, as taurin, amides of the fatty acids, especially leucin, alansin; bodies of the aromatic series, as tyrosin, phenol, cresol; reduction-products, as indol, hydroparacumaric acid; complex molecules, as carbohydrates, pepton, hydrolytic ferments; coloring matters, and poisonous alkaloids.

Of these substances, two classes, some members of which at least are produced by the bacteria of fermentation, are interesting in the study of diarrhoea—the acids and the poisonous alkaloids.

Acids can excite diarrhoea by immediate irritation of the mucus membrane of the bowel; the alkaloids indirectly, by a systemic effect. The simpler, less violent cases of diarrhoea can often be traced to the irritation of undigested food and the acid substances produced in its fermentation; the more sudden and violent cases seem often to call for the agency of a poison.

It was long ago noticed that serious illness oftentimes followed the eating of decomposing meat, fish or cheese.

Kerner was the first to suspect that alkaloids were formed by the decomposition of albumen, and in 1820 called attention to the similarity between the poisoning by sausages and atropia.

Panum, in 1856, demonstrated that putrefying substances often contained poisons which, when injected into animals, caused death. That death was not due to the activity of the bacteria in the body, he showed by sterilizing the fluid before injection. He also proved that the inflammatory changes in the intestinal mucus membrane of animals poisoned with putrid material was not caused by the bacteria in the putrid fluid, but by chemical substances which retained their character even after boiling.

Selmi, of Bologna, gave to these alkaloids formed by the decomposition of proteids the name of ptomaines.

Necki, in 1876, first obtained ptomaines in a pure form, and determined their chemical symbols.

Brieger, however, in 1885, produced the most important results which have been obtained in this branch of investigation. From putrefying meat, Brieger isolated three alkaloids, which he called neuridin ( $\text{C}_5\text{H}_{14}\text{N}_2$ ), neurin ( $\text{C}_5\text{H}_{13}\text{NO}$ ), and cholin ( $\text{C}_5\text{H}_{15}\text{NO}_2$ ).

From putrefying fish, he obtained muscarin ( $C_5H_{15}NO_3$ ), gadanin ( $C_7H_{17}NO_2$ ), and a base allied to ethylin-diamin ( $C_2H_4(NH_2)_2H_2O$ ). From decomposing gelatine he separated neuridin, muscarin and diamethylamin. Of these, neuridin is most constantly present in commencing putrefaction. The existence of the others seemed to depend in some degree upon the kind of material undergoing decomposition. From putrefying human bodies Brieger obtained several substances of alkaloidal character—neurin, cholin, cadaverin ( $C_5H_{16}N_2$ ), putrescin ( $C_4H_7N_3$ ), saprin ( $C_5H_{16}N_2$ ), trimethylamin,  $(CH_3)_3N$ , dimethylamin, triethylamin, mydelain, and a substance of undetermined composition.

The physiological action of these various compounds differs widely. Some, as neuridin, cadaverin, putrescin and saprin, are either harmless or must be injected in very large dose to produce toxic symptoms; others are violent poisons. Of the latter there are five which bear an important relation to the study of diarrhoea—neurin, muscarin, cholin, mydelain, and the substance whose composition was not determined. The action of the first three is essentially identical, the most important symptoms produced by a fatal dose being salivation, vomiting and diarrhoea, dyspnoea, paralysis and death. Mydelain, when injected into guinea-pigs, even in the very minute quantity of three-fortieths of a grain, causes profuse secretion from the eyes, nose, mouth and intestine, dilated pupils, exophthalmos, an increase of temperature, paralysis, fibrillary twitching of muscles, dyspnoea, and death. In cats the symptoms did not essentially differ, diarrhoea being prominent as before. The substance of undetermined composition, when injected into rabbits and guinea-pigs, caused excessive peristalsis and exhausting diarrhoea. In general, it may be said that most of the alkaloids which have been obtained by the decomposition of albumen have a tendency to produce diarrhoea.

It does not follow, because ptomaines capable of exciting diarrhoea are formed outside the living human body, that they are formed likewise within. There are, however, strong reasons for believing that such may be the case.

Substances capable of putrefaction exist in the digestive canal. Of such, the most common in children is milk, but no article of food can be assumed to be absent in either adults or children. In

many cases, besides food, there will be mucus, serous exudation from inflammatory surfaces, blood, pus or sloughs.

The micro-organisms which accompany putrefaction, and are believed to be its cause, are present in the digestive tract. Johnston, in the examination of the vomitus of seventeen breast-fed infants affected with summer diarrhoea, found invariably micrococci and what is known as *bacterium termo*. In diarrhoeal fæces he discovered innumerable bacteria, especially of the varieties mentioned. Since bacteria exist in the digestive tract in health, it must be supposed that while digestion is being normally performed the conditions are unfavorable to the multiplication of organisms. Spallanzani found that when substances in which putrefaction had begun were introduced into the living stomach the process was checked. We may suppose that, in order to initiate fermentative changes, organisms enter the body in uncontrollable numbers, or that the digestive function is in whole or in part suspended.

The products of fermentation are found. With the sour vomitus and the acrid or foul stools of summer diarrhoea all are familiar. The search for alkaloids in diarrhoeal excrement has probably not been made, but such have been found in healthy fæces; and that freshly voided fæces are poisonous has been proven by Bouchard. It is probable that the amount of poisonous alkaloids formed in disease is greater than in health, and also that their amount and the conditions under which they are produced render them less subject to the eliminative action of the body.

What is known of ptomaines throws light upon certain obscure conditions arising in summer diarrhoea. There are cases of cholera infantum in which violent symptoms are followed by a speedy death, and yet no appearances adequate to explain the result are revealed by the autopsy. There are also cases of diarrhoea, some acute, others subacute, which a few hours before death show, with the condition called hydrencephaloid, a rise of temperature. The nervous symptoms may be referred to exhaustion. It is difficult, however, to explain the increase of temperature by either exhaustion or a fresh inflammatory process begun in those last few hours of life. It seems more reasonable to believe that in both this case and the former a septicæmia has been induced by the products of putrefaction, either absorbed from the digestive canal or generated in the exhausted tissues of the body.

It is easily remarked that in no case of summer diarrhoea do the symptoms correspond completely with those following the administration of a given ptomaine to an animal. Of this an explanation is offered by the fact that it is impossible for a single ptomaine to exist alone in the digestive canal, since both the albuminoids and organisms present are various. Moreover, different ptomaines, though they may have similar, may possess antagonistic powers, so that the effect of any one may be modified or even neutralized. It is therefore impossible to predict with exactness, from experiments outside the human body, what the action of the alkaloids of putrefaction will be when formed within the human body.

Many of the expedients which have been found useful in the treatment of summer diarrhoea possess some element unfavorable to the growth of micro-organisms.

The removal of a child from the city to the country or sea-shore is, in a high degree, an antiseptic measure. Investigation into the bacterial contents of the air and earth, show that micro-organisms diminish in number as we rise from the surface of the earth, as we penetrate beneath it, and as we go out upon the sea. They are absent in the high Alps; absent, or very scarce in the lower strata of the soil, and absent, so far as investigation has gone, in the sea air a thousand miles from land. In the Rue de Rivoli, on the contrary, in the centre of Paris, there are ten times as many microbes in the air as at the fortifications without the city; and at Montsouris Observatory, the north winds blowing over Paris bring many more microbes than the south winds from the country. The most impure comes from the hills of Villette and Belleville, populous quarters in which also are cemeteries and slaughter-houses. In other words, where there is decomposing organic material there are bacteria, and the greater the amount of the one, the larger the number of the other. What is true of the air, is true in a higher degree of water. Condensed aqueous vapor has been found to contain nine hundred bacteria to the litre; sewer water from Clichy, eighty millions. It is where human beings are crowded together in large numbers that the greatest consumption and excretion of organic matter takes place. It is here, therefore, that the widest necessity exists for those retrograde processes which it is the peculiar province of fermentative organisms to affect. We are justified, therefore, in looking upon



filth and sewage as the grand culture-medium of fermentative organisms, the special soil in which flourishes the cause of summer diarrhoea. Removal from this contaminated environment would, therefore be demanded by theory, and is approved by practice. It is readily seen, however, that the advantage which the country naturally possesses over the city, can be nullified for any particular place by unhygienic local conditions. The insufficient drainage of a country town, the cess-pool under the window of an isolated farm-house, create the same danger which is encountered in the midst of dense population. It is, in all cases, the proximity of decomposing organic material which is to be avoided, its absence which is to be desired.

The transference of a child from the bottle to the breast is an antiseptic measure. Milk as it comes from the breast is free from organisms, and human milk, even when allowed to stand exposed to the air, will, according to Baginsky, resist fermentation a number of hours longer than cow's milk.

The heating or boiling of milk is an antiseptic procedure. The ancients used to quench flints in milk to render it more serviceable in the treatment of diarrhoea. Household observation has taught that boiled milk keeps. The more exact studies of the laboratory have shown that an exposure to the temperature of boiling water for a few seconds in a moist medium will kill all bacteria, while a continuance of this temperature, under the same condition, for fifteen to thirty minutes will destroy their spores. A fermentescible fluid, thus sterilized, will remain unchanged until bacteria are once again admitted. To completely sterilize milk is hardly compatible with the conditions of a nursery. An approach to this can, however, be effected by boiling milk in the same bottle from which it is to be afterward nursed. The bottle should be stoppered with cotton before boiling, and the stopper removed only when the milk is required for use. Experiment has shown that milk thus prepared will keep sweet in a warm room for twenty-four hours, while unboiled milk, standing in a pitcher by its side, will in that time have become sour and coagulated. To thus defer for a few hours the capability of milk to ferment, may be all that is required in the treatment of some of the minor cases of vomiting and diarrhoea in infants.

All means for emptying the digestive tract, either by withholding

food or by giving evacuants, have an antiseptic value. On the one hand, micro-organisms are deprived of the material necessary for their growth; on the other, both organisms and their products are swept away. Evacuants have, from a remote period been held in favor in the treatment of diarrhoea. The Greek physicians used mild laxatives to remove the "peccant humors" from the system, and Piso, who introduced the use of ipecac for its emetic and cathartic effect in the fluxes, described it, in his extravagant language, as "a sacred anchor and most exquisite gift of nature."

Various drugs have been used to produce disinfection of the digestive tract. Of these the most powerful is corrosive sublimate, and they range in strength from this down to borax or salicylate of sodium. To determine the comparative value of these in the treatment of summer diarrhoea does not at present seem possible. It would appear that the value of a particular drug does not depend on the precise grade of its antiseptic power. A milder antiseptic may, all things considered, be more valuable than a stronger one. Nor does it seem probable that absolute antisepsis of the digestive tract is either possible or necessary. The fact that the processes of digestion in health are conducted in the presence of bacteria, leads us to think that nature controls the micro-organisms. It is probable that she can do something for herself in most cases of disease. The part of medicine is so to modify unfavorable conditions as to restore to nature the control which she had previously lost.

The main positions advocated in this study of summer diarrhoea are:

1. That micro-organisms bear an important causal relation to a large proportion of cases of summer diarrhoea.
  2. That antisepsis of the digestive tract is an essential element in the treatment of the disease.
  3. That in antisepsis must be included, not only the use of drugs, but also the establishment of all conditions known to be unfavorable to the life and activity of micro-organisms.
  4. That in order to a more scientific use of antisepsis we require more adequate information as to what organisms are concerned in the production of fermentation, their life history, and the conditions favorable and unfavorable to their growth.—*Medical Record*.
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### *MEDICAL AND SURGICAL ITEMS.*

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**TONGUE TIE.**—In the division of a tight frænum of the tongue, when the child is tongue-tied, care must be taken not to use the scissors too freely. All that is necessary, is standing behind the patient to nick the anterior edge of the frænum with the scissors and to tear with the finger nail the remainder of the band. In this way hemorrhage, which is apt to be troublesome, is prevented. In the removal of an elongated uvula, after you have grasped the apex of the uvula, it is to be drawn forward and rendered tense before division. If it is simply grasped and attempt made to divide it in its normal position, it is not an easy matter to effect the object desired. When it is rendered tense, the operation is a very simple one.—*New Eng. Medical Monthly.*

**SANDAL WOOD OIL** is recommended by Dr. E. Philbert as a remedy in renal colic, who used it himself in several attacks. Four of the usual capsules were taken for a dose, and a warm bath was used at the same time. He believes that the oil gave him great relief from one of the most painful of maladies.—*Practitioner.*

**PAPAYOTIN** was used by Dr. Schwimmer (*Wiener Med. Woch.*) in twenty-five cases of fissure of the tongue, some of which were inveterate, with excellent results. He used from one to two parts of papayotin in ten parts each of glycerine and distilled water, applying the mixture from two to six times daily with a camel's hair brush, after drying the surface. Pain was stopped, and epithelium seemed to be renewed under its influence.

**PURPURA HEMORRHAGICA FROM TAKING COAL-OIL.**—Dr. Guntermann reports a case of a boy about five years old who suffered from purpura hemorrhagica from swallowing about two tablespoonfuls of coal-oil.—*Amer. Pract. and News*, May 14th, '87.

**EAR COUGH.**—Dr. P. Jakins (*Practitioner*), writes on certain coughs produced by irritation of the external auditory meatus. The theory is that a branch of the vagus nerve (*ramus auricularis*) to the ear, and another branch (*superior laryngeal*) to the larynx, conveys the impressions of irritation in the ear to the larynx and pharynx. A case is reported where the patient gradually grew worse

and at the same time having increased deafness. The patient wasted, had night sweats, became delirious at times and could not rest at night. Amongst other opinions was one that he was suffering from consumption and could not live long. Dr. Jakins found mucous râles over both lungs and *cerumen* in both ears. The cerumen was removed and all the symptoms vanished in fourteen days. After three months rest he returned to his usual labor.

**LACTIC ACID IN THE GREEN DIARRHŒA OF CHILDREN.**—Prof. Hayem (*Bull. Gen. de Therap.*) considers this malady of microbial origin. He speaks highly of lactic acid in the treatment, giving it in form of a 2 to 100 solution, a teaspoonful to a child a quarter of an hour after nursing. During the twenty-four hours five to eight teaspoonfuls may be given, representing forty to sixty cgm. of pure lactic acid.

**IODIDE OF ARSENIC IN CHOLERA INFANTUM.**—Thomas Nichol, M. D. (*Medical Current*), speaks highly of this drug in the treatment of cholera infantum, tabes mesenterica, sub-acute gastritis, diarrhœa and dysentery. He mentions a case: Herbert, a child five months old, attacked twenty-four hours previously with vomiting and purging; with cold hands and feet, and general exhaustion; with blue face, especially around the mouth; eyes turned up and a filmy gaze when aroused; dark blue circles around the sunken eyes; rice water discharges. Gave arsenicum iodidum, fourth decimal, one grain on the tongue every hour and a half. Next morning patient better in every respect and soon recovered. Had used the drug with similar effects on many other cases.

**NITRITE OF AMYL IN AFTER-PAINS.**—Dr. F. W. Kendle, gave a patient suffering with after-pains two or three inhalations of nitrite of amyl. She was immediately relieved and shortly cured.

**THE ACTION OF BORIC ACID ON MICROBES,** BY R. G. ECCLES, M. D.—The following query was presented at the last meeting of the New York Pharmaceutical Association:

It has been reported that a saturated aqueous solution of boric acid made with distilled water, was found to contain "microbes" or "germs," or a "fungoid growth" after a week. Which of these, if any, is capable of retaining vitality in presence of boric acid?

An answer having been undertaken by the writer, the following experiments were made: On August 3, 1886, four bottles capable of holding eight ounces each, were filled to three-fourths of their capacity with a saturated solution of boric acid. Some crystals of this acid were likewise added to make sure that the saturation was perfect. These bottles have been, from time to time uncorked to allow the entrance of germs from the atmosphere, but up to the present time (June 1, 1887) not one of them shows the least sign of infection more than the water from which the solution was first made. A careful microscopic examination, although occasionally showing a stray microbe that might have entered the slide when under preparation, gave no evidence of their developing therein.

During the last ten days of May of the present year, a bottle containing a saturated solution of boric acid, and purposely infected with the so-called fungoid growth, from an old solution of strychnine sulphate, failed to encourage further growth, but did not kill the same entirely. Some of it was less active and appeared to be damaged.

The Rev. Dr. Dallinger, the English microscopist, has lately proven that these lower organisms have remarkable powers of adaptability. Germs that naturally would be destroyed by a given change from their ordinary life-habits, can be so trained and selected that they will live and thrive in conditions ordinarily fatal to them and their kind.

It is evident from these experiments, with boric acid that a saturated or 4-per cent solution is the border land of death for them as usually found. While, therefore, the complete infection of such a solution is not entirely improbable, its occurrence must be extremely exceptional. Boric acid, even in a two per cent solution, will destroy the virulence of septicæmic blood. It does not do so, however, by destroying the germs themselves, since Sternberg has proven that even a saturated solution cannot accomplish such a result. How, then, is it done? It merely checks their power to multiply and makes them so sickly and puny that they become harmless. Wounds treated with boric acid produce healthy granulations and fail to show the least signs of putrefaction, but many micrococci can be found in the pus. As an antiseptic, there is no doubt of the value of the acid. As a disinfectant it is valueless, and displays no signs of germicidal power.—*National Druggist.*

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**E. YOUNKIN, M. D.,**                      **EDITOR AND PUBLISHER.**

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## **EDITORIAL.**

### **LAWSON TAIT'S POSITION ON ASEPTICISM.**

The *New York Medical Journal*, of July 2d, publishes an address by Lawson Tait, delivered to the Birmingham and Midland Branch of the British Medical Association, which, like all of Mr. Tait's writings, is exceedingly interesting. This is the more interesting, as it recounts the reminiscences of his early experience in surgical practice, and his past and present impressions in relation to Listerism.

Mr. Tait's views on asepticism will have the charm of novelty, owing to the fact that his position is largely accepted by those who regard themselves as opposed to the Listerian system.

Indeed, we would be glad to publish this address entire, were it not for its great length; as it is, we shall satisfy ourselves with extracts and comments.

Like the editor of the *New York Medical Journal*, "we do not feel the force of the considerations that appear to have led Mr. Tait to the abandonment of Listerism, although the point he makes of the resisting power of living tissue is remarkably well put."

In 1860 Mr. Tait entered the University of Edinburgh as a medical student. His earliest recollections witnessed an operation of Mr. Syme for a gluteal aneurism. Amidst seven or eight hundred spectators, of all ages and of all ranks in the profession, he sat with ignorant curiosity. He saw Mr. Syme button up his coat, turn up his sleeve, and a rush of blood, with a few rounds of applause, concluded the operation.

After speaking of the battle of anæsthetics, which brought with it *accuracy* in operative procedure, and left the former object, *speed*, of little moment, Mr. Tait recounts the rapid progress made in surgical results. An inquiry arose on the best methods of closing bleeding points. Simpson collected a mass of statistics which excited amazement at the terrible mortality in amputation of the leg and forearm. He blamed the old method of ligature, when every stump had a number of threads hanging out of it, and after a week they were pulled by the dresser, day by day, till they came away. "Finally, the battle of torsion and ligature was decided in favor of short ligatures of animal tissue, and our present perfect methods were established."

"But this was not all. Simpson's research on the mortality of amputations and hospitalism showed that enormous advances might be made in our hospitals, and the conclusion was established that, just as in a town, the larger and more crowded the population the greater the factors of danger, the greater need for precautions of many kinds. Vast improvements in our hospital systems have followed, the old careless nursing has been banished, and where dirt and untidiness reigned supreme, all is now care and cleanliness."

"Here, again," says Mr. Tait, "I was carried back to the memorable day when I saw Syme operate on the gluteal aneurism. One of his assistants was his son-in-law, the recently appointed Professor of Surgery in the University of Glasgow, Joseph Lister, *a man who*

*has exercised an enormous influence for good on the progress of surgery during the last twenty years—a verdict which will be accepted the more readily from me, as one known to be hostile alike to his doctrines and his practice.”*

As the reader passes over this confession of Mr. Tait, his mind will naturally inquire that if Lister has exercised this enormous influence for good, and Mr. Tait acknowledging it, though hostile to both the doctrines and practice of Lister, why this hostility? It is reasonable to expect of Mr. Tait something better than the Listerian system, else the hostility is unreasonable. If Lawson Tait condemns the old practices, and admits the vast amount of good that Lister has bestowed, then justice demands either his acceptance or else some other improved method. But Mr. Tait now tells us the source of his prejudice.

The battle of biogenesis was just then being fought, and “the leaders on the two sides were Pouchet and Pasteur. The former died early, and his work—almost his name—is forgotten. But on my mind an indelible impression was made by his wonderful little book, ‘*L’Origine de la Vie*,’ which fell into my hands in 1868, and which has remained a landmark in my life ever since. I now know that many of his conclusions were incomplete, and many of his observations inaccurate by reason of his faulty apparatus, but his book kept me out of the errors of the school of Pasteur, and freed me from the dreams of Lister, into which so many have fallen.”

It would be perfectly natural, after reading the above sentence, to conclude that Mr. Tait, in his hostility to Listerism, would deny the cardinal principles upon which the doctrine of asepticism has rested; that he would set himself squarely against the germ theory of decomposition and of disease; but after speaking of a series of experiments, he says: “I accept the germ theory of decomposition—its facts are indisputable—and the germ theory of disease, concerning certain diseases. The facts there are equally beyond cavil. But it is when Lister comes in with his royal road to surgical success, still more when his German disciples, full of enthusiasm and quite empty of discrimination, appear on the scene, that I am in doubt and equally in fear.”

Thus Mr. Tait does not object to the germ theory of decomposition, but to Lister’s “royal road to surgical success.” Whether this



remark springs from any theory or practice of Lister, or whether it is a mere element of envy, we are only left to draw our own conclusions, and we are strongly led to believe it is the latter; for Mr. Tait has certainly allowed his national prejudice to influence his feelings in the investigation of a scientific subject.

This talk about the German investigators would have been better if smothered in his own breast; and we regret to note this anti-German feeling, especially in another place, where he has gone to extreme length in intimating that the time he spent in learning German was a mere waste. Whatever has been his feelings in this respect, he must certainly admit that German research is worthy of much praise and now has the ascendancy.

But it may be surmised that the "royal road to surgical success" implies the carbolic acid, putty, lac-plaster, and the thymol, corrosive sublimate, boro-glyceride, etc.; for these are what have been recommended by Lister and rejected by Tait. "The moment," says Mr. Tait, "I gave these up, and used the Chassaignac drainage-tube and plenty of absorbent wool, my results became uniformly satisfactory." "And the advance in surgery in the direction of this success is due, not to Lister, but to Chassaignac and Gamgee."

It is possible that I here make a mistake, but I do not conclude that the elements entering into the Listerian system must necessarily have Lister as the founder. Let us admit that the use of the drainage-tube was first by Chassaignac, and the absorbent wool was first by Gamgee. We have only to inquire as to what use they were in the treatment of wounds by Joseph Lister. He made these a part of his own, by virtue of his using them. The question of originality has but little to do with this subject. The real facts are that man originates nothing so far as original elements are concerned; his province is to combine. He may construct a piece of machinery, but that machine is but the combining of original elements. In this sense only can any man be an originator. Lister did not originate the tubes, the cotton, the gauze, the acid, thymol, or bichloride, he only set on foot the principle of treating wounds aseptically. Hence, we use the quotation of Sidney Smith, so eloquently quoted by Mr. Tait: "It is not the man who first says a thing who deserves the credit, but he who says it so loud and so long that at last he persuades the world it is true." Thus, from Mr. Tait's own speech we condemn him.

Let us hear Lawson Tait once more. Shortly after Mr. Tait's graduation, he was appointed house surgeon to a small hospital in Yorkshire, where he had an enormous mass of surgical material at his disposal. Just at this time "Lister had published his first papers, and had hardly grasped, certainly had not fully formulated, *his splendid idea of antiseptic surgery*. From 1867 to 1870, Lister had no more faithful disciple, no more devoted follower, than (Tait) the unknown house surgeon." \* \* \* "I spent my days with my hands soaked in carbolic oil, making carbolic putty, and securing carbolic lac-plaster. Compound fractures were saved, which in Edinburgh would have been condemned to amputation, and I did operations successfully which astonished others as much as they gratified me. Years after, when I had fallen from the faith, the argument against me which alone caused me grief was the assertion that I had never seen and did not understand Listerism."

I think, perhaps, this latter charge against Mr. Tait is not well founded, and that he knew too much of Listerism ever to get far away from it. Now, though fallen from the faith, he, like the Israelites in Babylon, when they hung their harps on the willows, and cried, "If I forget thee, O Jerusalem, let my right hand forget her cunning, and let my tongue cleave to the roof of my mouth."

Mr. Tait, in his reflections, cries out that Lister has done an immense amount of good with his "splendid idea of antiseptic surgery," and whilst admitting the germ theory, he says that Tyndall showed that cotton wool could so filter air, and so completely sterilize it, that it might be freely and harmlessly admitted to beef tea. That also cannot be doubted, and the conclusion is inevitable that if you "keep away the germs of the minute organisms, the growth and life of which determine decomposition, you keep your beef tea sweet."

Again, "the house-keeper knows that the chemical composition of the beef tea has a great deal to do with its keeping sweet—that, in fact, the beef tea may be put in such condition as to defy the germs. Such a simple chemical process as putting a great deal of salt in it, or depriving it of its water, will effect this. Similarly, the presence of life in tissue will prevent decomposition."

After reading such expressions, that emanate from one who is hostile to asepticism, we are led again to the inquiry, wherein lies the

hostility? All the essential factors seem to be admitted, and hostility looks like an absurdity. But Lawson Tait very beautifully illustrates the process of vital power and its relation to antiseptic surgery. His experiment is with four eggs. "The first egg shall be one laid by a hen to which the male bird has never had access, so that the egg is absolutely sterile. The second egg shall be one completely fertilized. If you put both of these eggs into an incubator, and keep them under precisely the same circumstances, in a week the non-fertilized or dead egg will be putrid, and will swarm with all sorts of bacteria and spores, while the fertilized egg contents will be quite sweet and the chick well formed.

"The second part of the experiment is as follows: Another and precisely similar pair of eggs are dipped together for about twenty seconds in boiling water, so as to form a thin film of coagulated albumen immediately within the shell. They may be put on a shelf of the store-room for six months and opened at the same time. They will then be found both quite sweet, and fit to eat. This is the rough-and-ready method of the housekeeper to preserve eggs from the attacks of germs. Of this second pair of eggs, one had life in it, and the other had not. The life in the former is destroyed by exactly the same process as that which prevents the access of germs to it and to the egg which never had life.

"Of the first pair of eggs not protected in this way, the presence of life protected the egg from decomposition; the absence of it allowed rapid and complete decomposition to be effected."

If Mr. Tait intended these experiments to be an argument against Listerism, that argument certainly lacks the germinal spot or brilliancy of point, for no better examples could be given to prove the utility of the doctrine of asepsis. We know that the tendency of vital tissue is to preserve its own integrity, and that the fluids and tissues of the body that are deprived of life tend to decomposition. We know, too, that the fluids and parts of the body deprived of vital power will keep sweet much longer when sealed from the so-called germs, just as the sterile egg that is dipped into hot water. The non-fertilized egg is sealed with its coagulated albumen, and no germs can find an entrance. Why then should it be said that an open wound does better than one sealed? If salt is an antiseptic

tic to beef-tea, why can we not preserve the sweetness of the exudative material that flows from a wound?

But it may be contended that the hot water in which the fertilized egg was dipped, destroyed the vital power of the egg, and hence this principle is destructive to vital tissue. We answer that, the means employed was destructive, so far as the egg is concerned, but the principle remains the same. If a non-destructive antiseptic had been used, death of the egg would not have taken place. Even in this case, the egg, though dead, had its decomposition checked; and, if an argument at all, it teaches the use of antiseptics to such a degree and of such a strength as not to destroy the vitality of living tissue.

Mr. Tait made some visits to La Maternite with Professor Tarnier. Tarnier directed attention to a linear chart on the wall, showing the total death-rate of the women confined in the hospital from 1792 till 1886. This marvelous record was divided into three periods, the first of which is called the period of inaction, during which the mortality was 9.3 per cent.; in some years it was as high as 20 per cent., a perfectly murderous mortality. The second period is called the battle against the causes of infection and contagion without antiseptics—that is, by mere general hygiene—and shows a mortality of 2.3 per cent. The third period is that of antisepsis, chiefly, and now entirely, by solution of corrosive sublimate of about 1 in 3,000; the mortality was reduced to 1.1 per cent., and in 1885 and 1886 it was under 1 per cent.

“Well,” says Mr. Tait, “you say this proves the germ theory of disease. Certainly, for this one instance.” Mr. Tait then seeks to escape the argument, by saying this is only one instance, and that a puerperal woman is an exception to other patients. This admission is too great, and the excuse is too frivolous, to admit of further reasoning on this point.

It appears to me that Lawson Tait has admitted too much ever to become a formidable foe to the doctrine of Listerism. While he admits that germs cause putrefaction, he breaks forth again, and says: “These organisms are the result of the inflammatory exudation and not its cause.” I give it up; I cannot reconcile these cross-assertions. I would hold to the one and despise the other of these views, should I ever seek to oppose the doctrine of asepsis.

### REMOVAL OF THE SECUNDINES.

It is the duty of the obstetrician in cases of labor, both natural and premature, to remove from the uterus all the secundines. The more perfectly this is done the greater the chances are to avoid after-pains, flooding, and septicæmia. If however, these cannot be readily gotten away, the amount of justifiable interference becomes an important question. Meddlesome midwifery may often be the source of the very evil it aims to prevent.

The uterus may retain the secundines and products of conception without damage. Valenta reported a case in which the head of a child with the remains of the placenta were retained in the uterus for forty days without producing septicæmia. The writer knew a case which occurred in his own practice where the secundines were retained ninety days with no bad results. Liebman collected several cases; Freund observed a case in which the uterus held the head of a child at term for ten years, without producing septicæmia.

While these cases do not teach that the uterus should be permitted to retain the secundines for a prolonged period, they strongly point to possibilities which may be more favorable than too much interference in such cases. I would not become specially alarmed if the products of conception were beyond my ordinary reach.

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### PERI-CÆCAL CELLULITIS (PERI-TYPHLITIS.)

DIED at Middleton, Mo., July 11th, 1887, Lena D. Rigg, daughter of C. H. and Jeannie D. Rigg, aged two years and six months (was born January 11th, 1885, and died July 11th, 1887).

C. H. RIGG, M. D.

This beautiful little girl, the only daughter of Dr. Rigg, succumbed to what we supposed to be peri-typhlitis, produced from the seeds of berries, a mess of which she had eaten the day previous to her illness. The day following her eating the berries, she was taken with pain in the region of the cæcum extending to the umbilicus; her bowels at first constipated. Soon she was taken with convulsions and suffered with a number of these seizures. With enemata, oil, and other cathartics, the bowels were finally emptied. In answer to a telegram, July 5th, I made the distance of a hundred miles to see the patient. The convulsions at this time were fairly

under control by the use of bromide of potash and gelsemium. The discharges from the bowels were somewhat frequent; the fæces were thin, dark and very fetid; a few raspberry seeds were observed. The patient constantly grunting and sleepless. Temperature 104-104.5; pulse frequent; fullness on percussion of right side extending down from the ribs to Poupart's ligament and across to the umbilicus, yet no special bulging at the cæcum.

I suggested ipecac aconite and mucilage of ulmus; carbo-ligni to correct the fetor, and counter-irritation over the abdomen, and left with the hope of hearing of a recovery, but on the 10th another telegram requested return. In the meantime the child had had the services of Drs. Ford, Davidson and the constant attention of its father, as well as Dr. Parish from Vandalia, Mo., who was present at my arrival. At my second visit the case had assumed a still graver aspect and it was evident that unless relief was obtained soon that the little sufferer would soon die.

Now the breathing was more frequent, the constant groaning still present; pulse feeble and frequent; temperature 104-5; the skin somewhat cyanotic. The abdomen fuller than before and the dullness and flatness more extended and distinct. The bowels were active, some discharges were copious and looked more natural, others, liquid and dark. The patient was receiving small quantities of digitalis and acetate of potash from Dr. Parish, but on the morning of the 11th, finding it no better, we prescribed salicine, an emulsion of terebinthina, and an opiate, but death took place at 12 M.

This disease is of much more frequency than is commonly supposed. Modern methods of investigation have rendered the diagnosis a matter of more certainty than in former times.

In the majority of cases the disease is the result of impaction of some foreign body in the appendix vermiformis, or walls of the cæcum. Ulceration and a perforation of the walls are liable, and the foreign body may make its way into the cellular tissue. Fecal matter is liable to pass through also. The inflammation is severe and dangerous, and may be caused by a cherry stone, peach-pit, grape seeds, the seeds of blackberries, strawberries and raspberries. These smaller seeds are more likely to impact the appendix vermiformis, and are hard to dislodge.

The symptoms at first are not very well defined. Usually, at first,

there are colicky pains in the vicinity of the cæcum, but shooting across the abdomen. There may be disordered digestion, loss of appetite and gaseous accumulations. The patient is restless uneasy, feverish, and unable to sleep. Pressure gives rise to more pain and in a few days palpation over the involved part will show a swelling hard and painful, though at times not well defined. The febrile symptoms are well marked; the tongue coated, and the patient looks anxious. Constipation is alternated with diarrhœa throughout the disease. The bladder is irritable, frequent calls to urinate, in some cases retention. Chills and rigors are sometimes present, and there are evidences of purulent accumulation, but in many cases it is impossible to detect fluctuation on account of the thickness of the walls of the abdomen.

If a diagnosis is made early, castor oil may be given sufficient to produce several large evacuations. Fever, nausea, fetor of the discharges may be treated symptomatically. If the inflammatory symptoms continue and the swelling is well defined, an incision should be made over the highest part and centre of the swelling, parallel to Poupart's ligament. When the integument and aponeurosis of the external oblique muscle have been divided a hypodermic syringe or aspirating needle may be thrust into the tumor to determine the exact locality of the pus. When the syringe is withdrawn the incision may be extended until the cavity of the abcess is reached. The discharge, strong fecal odor, and the cavity explored will determine the character of the disease and nature of the foreign body.

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### QUESTIONS AND ANSWERS.

QUESTION.—*Is it necessary to be appointed as a delegate from some Medical Society to participate in the Ninth International Medical Congress?*

ANSWER.—No. Some societies have done this, but one need not be a delegate. All you have to do is to register in due form and pay the necessary fee.

QUESTION 2.—*Will a person from any school of medicine be permitted to participate in the International Medical Congress?*

ANSWER.—We think not. Rule 1 reads as follows:

“The Congress will consist of such members of the regular medical profession as shall have registered and taken out their ticket of

admission, and of such other scientific men as the Executive Committee of the Congress shall deem desirable to admit. The dues of membership for residents of the United States will be ten dollars (\$10). There will be no dues for members residing in other countries. Each member will receive a copy of the *Transactions* of the Congress when published by the Executive Committee."

It appears, therefore, from this rule and the allopathic interpretation of the term "regular," that this Congress is an Allopathic Medical Congress of all nations, and is not intended to include the scientific members of other schools.

The interpretation of this rule is left largely to the Executive Committee, who have the right to admit such other scientific men as they deem desirable, but as this committee is largely controlled by the American Medical Association, we cannot hope of others being very desirable. The American Medical Association will perhaps take into the Congress their "educated dentists," they being more regular than educated eclectics or homeœpaths.

Our European physicians desire no sect or party in medicine and surgery. Coming, as they do, from under monarchial governments, this cosmoplastic spirit is highly commendable, but, on the other hand, our American regulars—imbibing the spirit of a free government, a portion, too, of whom have associated themselves under the imposing title of "American Medical Association"—from them emanate the greatest autocracy.

This spirit of despotism—this impulse to commit professional and scientific homicide—is unworthy the name inscribed upon their floating banner.

QUESTION 3.—*Who are allowed to practice medicine and surgery under the new Act in the State of Illinois?*

ANSWER.—All who possess the qualifications required by that act. If a graduate in medicine, he presents his diploma to the State Board of Health for verification as to its genuineness. If the diploma is found genuine, and is from a legally chartered medical institution in good standing, and if the person named therein be the person, the State Board will issue a certificate, which certificate shall be conclusive evidence as to the rights of practice.

If he is not a graduate, he must submit himself to the Board for an examination. If the examination is satisfactory, a certificate is given him entitling him to practice medicine.



QUESTION 4.—*Suppose a person having passed the State Board of Health and received his certificate, he having never attended a Medical College, how many courses of lectures must he take before he is allowed to graduate?*

ANSWER.—Two courses of lectures. No college can graduate such an one with less than two courses and maintain its good standing.

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### BOOKS AND PAMPHLETS.

FEEDING PATIENTS AGAINST THE APPETITE.—By Ephraim Cutter, M. D., M. M. S.

IMPORTANCE AND VALUE OF EXPERIMENTAL RESEARCH — Doctoral Address to Graduating Class.—By N. Senn, M. D.

PUERPERAL SEPTICÆMIA— A Paper Read before the National Eclectic Association, at Waukesha.—By S. W. Ingraham, M. D.

PERMANENT REMOVAL OF HAIR BY ELECTROLYSIS.—By Samuel E. Woody, A. M., M. D.

PELVIC INFLAMMATION OR CELLULITIS VERSUS PERITONITIS.—By Thomas Addis Emmet, M. D.

A SUCCESSFUL CASE OF PARTIAL EXCISION OF THE LARYNX.—By Lennox Brown, F. R. C. S.

GRANULAR CONJUNCTIVITIS WITH AND WITHOUT PANNUS.—By W. Cheatham, M. D.

NASAL REFLEXES AS A CAUSE OF DISEASES OF THE EYE.—By W. Cheatham, M. D.

ELECTRO-ALLOTROPHIC PHYSIOLOGY.—Uses of Different Qualities of Electricity to Cure Disease.—By Jerome Kidder, M. D.

DAWN OF A NEW ERA IN OTOLOGICAL SURGERY.—By Wellington Adams, M. D.

WHAT TO DO IN CASES OF POISONING.—By Wm. Murrell, M. D., F. R. C. P. First American, from the fifth English edition. Edited by Frank Woodbury, M. D. Published by the Medical Register Co., Philadelphia. 158 pages.

This is a book which should be on the table of every physician for constant reference. Price, \$1.00, post-paid.

**THE PHYSICIANS' LEISURE LIBRARY, for 1886, now ready for delivery.**

**For 1887, ready for delivery as announced below :**

**"The Diagnosis and Treatment of Hæmorrhoids." By Chas B. Kelsey, M. D.**

This is the first volume of the series for 1887. The design of cover has been changed from that of 1886, and the print is in brown ink, thus rendering the 1887 series more attractive. Physicians who desire to add to their libraries the latest works of the best authors at a small price should purchase these books. No. 1 contains the results of the author's experience with various methods of curing hæmorrhoids up to the present time. It is written solely for the practitioners, as a safe guide to practice. Those interested in rectal treatment should have this number.

**"Diseases of the Heart." Vol. I. By Dujardin-Beaumetz, M. D. Translated by E. P. Hurd, M. D. July 1st.**

**"The Modern Treatment of Diarrhœa and Dysentery." By A. B. Palmer, M. D. August 1st.**

**"Diseases of the Heart." Vol. II. By Dujardin Beaumetz, M. D. Translated by E. P. Hurd, M. D. August 15th.**

**"Intestinal Diseases of Children." By A. Jacobi, M. D. September 1st.**

**"The Modern Treatment of Headaches." By Allan McLane Hamilton, M. D. November 1st.**

**"The Modern Treatment of Pleurisy and Pneumonia." By G. M. Garland, M. D. November 15th.**

**"How to Use the Laryngoscope." By an Eminent Laryngologist. November 30th.**

**"Diseases of the Male Urethra." By Fessenden N. Otis, M. D. December 1st.**

**"Disorders of Menstruation." By Edward W. Jenks, M. D. December 15th.**

**"The Infectious Diseases." By Karl Liebermeister. Translated by E. P. Hurd, M. D. In 2 vols : Vol. I., December 15th. Vol. II., December 30th.**

Price, post-paid, handsomely bound in heavy paper, with lithographed covers, or in cloth, beveled edge : The series of twelve for 1886 or 1887, paper \$2.50 ; cloth, \$5.00. Single copies, paper 25 cents ; cloth, 50 cents. Published by Geo. S. Davis, Detroit, Mich.

**NOTES AND PERSONALS.**

—**SALICYLAIDEHYDEHYDROGENSUPEROXIDE** is the latest antiseptic. Its pronunciation is not likely to come into general use very soon. How(e) to spell it right is more important.

—"I HEAR your little boy is sick, Mrs. Hitormiss." "Dear me, yes! the charlotte russe broke out all over him, and if he hadn't worn the Injun beads as an omelet, it would have calumniated fatally, I fear."

—**THE** new Anatomy Act that passed the Legislature of Missouri last winter, is now in force, and the professors and demonstrators of anatomy from the medical colleges of the State are being organized into a Board of Distribution. We expect the medical colleges of Missouri to be better supplied with anatomical material for scientific study this winter than ever before. The American Medical College has its representatives to work on this Board, and its students may feel assured of an abundant supply. It is not expected of this board that they shall do any killing, but they will follow up the tracks of our hospital doctors very closely.

—**MORMONISM** will never be eradicated until a man is compelled to have as many mothers-in-law as wives living with him.

—**DR. UPDEGROVE** (*Med. Reg.*) suggests that when a conflict exists between conscience and code, the conscience needs amendment, not the code.

—**IN** 1886 seventeen tons of copaiba were shipped from Maranham to the United States. This fact proves something.

—**THE** Chief of Police of Chicago has issued an order, giving the vehicles of physicians precedence at the bridges along with the mail and patrol wagons, ambulances and fire apparatus. The reason for this, I suppose, is, they don't want the doctors to linger long on the banks of that stinking river.

—**THIRTY-THREE** States now have medical practice laws. The most of these simply require the exhibition of a diploma from a reputable medical college. Some require an examination in addition. We believe that Virginia, North Carolina, Alabama and California require an examination on all parties, irrespective of their diploma or the place where they graduated.

—DR. S. S. CARR, of Buffalo, Mo., has met with a misfortune by fire. He writes July 11th, 1887, as follows:

*"Dear Doctor:—*My beautiful home is in ashes. Returning from professional calls Saturday at noon, I found everything consumed and my wife very prostrate. She is recovering from the shock and is doing well this morning. We lost everything, saving only the clothing we had on. My books, instruments, manuscripts, furniture, household goods and all valuable papers are lost. A few things were saved from the kitchen.

Our baby, a little boy four years old, must have been at the matches, and, playing with them, caused the fire, as it originated in the main building in which there was no fire since last spring. My insurance had run out a short time ago, and I, carelessly, neglected reinsuring, so that my loss is total."

We sympathize with the Doctor in this misfortune. We know how he feels, as we suffered in the same way at one period of our life.

—"WILL you please give me twenty-five or fifty cents to buy bread with?" he wailed, "I'm starving." "Can't you buy a loaf of bread for less than twenty-five or fifty cents?" "Yes; but do you think a man can live on bread only? It's nothin' but a side dish."

—A MINISTER with a rather florid complexion went into the shop of a barber, of one of his parishioners, to be shaved. The barber was addicted to drinking, after which in consequence his hand was unsteady at his work. In shaving the minister he inflicted a cut sufficiently deep to cover the lower part of his face with blood. The minister turned to the barber, and said in a tone of solemn severity:

"You see, Thomas, what comes of taking too much drink."

"Aye," replied Thomas, with the utmost composure, "it makes the skin very tender."

—"I HOPE you will be lenient with me, judge," said the thief, as he stood up to be sentenced; "I have a good many dependent upon me for their support." "Children?" asked the judge. "No, police detectives."

—IT is said that milk charged with carbonic acid will keep an indefinite length of time.

—C. B. SARGENT, M. D., says: Never in my life have I subscribed to a certificate with more pleasure than I do to this. I have used Lloyd Bros. (formerly Thorp & Lloyd Bros.) "Specific Medicines" and other pharmaceutical preparations, more or less, for a number of years, and almost exclusively for the last three years, and have always found them uniform in strength, and reliable in action when properly administered. In fact, when I prescribe these medicines I feel that I have given my patient the benefit of the best preparations the market affords, and have no remorse of conscience to reproach me.

—A MAN charged with running away with his neighbor's wife was arrested, and arraigned before a negro justice of the peace, a great black fellow, celebrated among the negroes on account of his extensive learning, having during many years been a servant in the family of a college professor.

"Your honor," said a lawyer employed by the defence, "you cannot hold this man. There is no law under which he can be punished."

"Wall, airter studin' de statutes, I conclude dat I mus' hol' him on de charge o' petit larceny. De stealin' o' de lady wus larceny, for all theft is dat, an' is petit larceny, 'case petit means little, an' de lady whut was stole is er little 'oman; so we'll jes' hol' de tief ter wait de action o' de grand jury."

THE FIRM of Caswell & Hazard have recently changed the name to Hazard, Hazard & Co. They renew their advertisement with us, and we regard their page almost an essential ornament to this JOURNAL. Read it.

—ELDER PHILLIPS, who was a jovial soul, settled many years ago near the head-waters of the Susquehanna. He was full of humor, and ready with his repartee on all occasions. Jack Rickitt, a *quasi* parshioner, who was more punctual at the river than at church, presented the elder one Monday morning with a fine string of pickerel. Elder Phillips thanked him graciously for the gift. "But, elder," suggested Jack, still retaining the fish, "those fish were caught yesterday (Sunday). Perhaps yer conscience won't let ye eat 'em." "Jack," replied the elder, stretching out his hand for the string, "there's one thing I know, *the pickerel were not to blame.*"

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## ORIGINAL COMMUNICATIONS.

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### ETIOLOGY AND TREATMENT OF ECLAMPSIA.\*

BY P. D. YOST, M. D.

There is no disease so alarming to the obstetrician, and friends of the patient, as puerperal convulsions, and there are but few accidents or diseases more dangerous to life. Many cases will recover by proper treatment, yet the prognosis is not always favorable.

In regard to the etiology of puerperal eclampsia, there is nothing positive, yet it is admitted, I believe, by all, that *kidney* disease of some character is the most probable cause; eclamptic convulsions and the accompanying symptoms are identical with uræmic convulsions in every particular. The relation of albuminuria and eclampsia is not as intimate as once thought, for many patients who have Bright's disease do not have convulsions. Statistics show that out of one hundred cases of morbus Brightii sixty per cent. will have eclampsia. And I will here state, on good authority, that in some instances there is no albumen in the urine, and no lesion of the kidneys could be discovered by post-mortem examination. In other cases, the very small amount of albumen was thought to be the *result* of the eclampsia, and *not the cause*.

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\* This article was read before the State E. M. Society of Missouri, before the author's death, but never was in print until now.

Without entering into the discussion of this subject, beyond the limits of a brief society paper, I will only add a few thoughts more in regard to the cause of this frightful disease, and then give a condensed treatment of it.

To my mind, the paramount cause of puerperal eclampsia is *renal insufficiency*. There is in every case a retention of the *urea* and its ingredients, which may be produced by Bright's disease, or by mechanical obstruction. This obstruction may be the result of flexion, infarction, or stretching of the *ureters*; or, more likely, the obstruction in the ureters is due to pressure, or a catarrhal affection. An over-distended bladder will produce the same results as obstruction in the ureters. The most favorable cases are those depending upon mechanical causes, while those depending upon Bright's disease are unfavorable, but not necessarily fatal.

Permit me to add, that there are two causes that will invariably produce epileptiform convulsions, viz.: "ligature of the cerebral arteries, and the retention of urine and its ingredients in the system, either by deficiency of the secretion on account of nephritis, or by mechanical retention; and as the changes in the kidneys in pregnant women are altogether different from nephritis, we must accept a mechanical disturbance of the secretion of the urine."

Eclampsia may come on during pregnancy, at time of labor, or soon after, most cases occurring during labor. Any good text-book will give the differential symptoms, so that a novice can recognize the attack, and once *seen* will never be forgotten.

The most important part about the case is the treatment. How can we prevent an attack, and how can it be cured? As it is agreed that the retention of the secretion of the kidneys is the cause of eclampsia, our attention must be directed towards counteracting this condition. This can be done, to some extent at least, by stimulating the skin and bowels, and to a very moderate extent the kidneys. Hot-air baths, the vapor bath, or the hot wet-sheet pack, will stimulate the skin. Sudorifics may be given also for this purpose. Such agents as *asclepias*, *apocynum can.*, *digitalis* and *hydrangea* may be used, when there is kidney lesion, with good results. The albuminuria will be benefited by these agents. Now, keep the bowels active with saline cathartics. Regulate the diet.

In any case of pregnancy where the feet and legs become edem-

atous examine the urine, and if you find albumen the chances are that eclampsia will be developed during gestation or at labor. The chances are still greater if, with this condition, the patient has flushings of the face and noises in the ears at times. Such a patient needs to be prescribed for about as follows: *R.* Fl. ext. apocynum can., ℥iij.; tr. digitalis, ℥ij.; fl. ext. asclepias, ℥iv.; elix. pot. brom., ℥j.; elix. simp., ℥ij. *M. S.* Teaspoonful three or four times daily. If the bowels are torpid, give cream of tartar sufficient to keep up the desired action—one or two alvine evacuations daily. A bath every two or three days will be an advantage.

Should an attack come on during pregnancy, treat as at labor. It is not thought best in these cases to induce premature labor, as they often disappear without interfering with the pregnancy. Of course, when complications arise, demanding that the pregnancy be terminated, it can be done by the ordinary methods. The introduction of a bougie high up in the uterus may be depended upon as a safe and reliable method for bringing on labor. Uterine dilators may be of benefit in dilating the os, previous to the introduction of the bougie.

The best thing to do, in most cases where the attack is sudden and violent, is to inject into the rectum: hydrate of chloral, 30 to 60 grains; brom. pot., the same amount; tinct. gelsemium, the same number of drops. My plan is to begin with the minimum dose, and increase the quantity as needed. The enema can be repeated as often as every hour, or oftener, watching for the effects of the medicine. Chloroform may be given, and is thought by some to be the very best treatment; but the chloral, bromide and gelsemium will, I think, give better and more lasting results. Chloroform must be given with care, and by inhalation.

As most cases get better as soon as delivered, it would seem to indicate that the best methods for hastening delivery should be adopted. When the labor is far enough advanced, the os dilated, the forceps may be used, if the head is fixed in the pelvis; or by turning, if the head is still above the superior strait. As the child is usually dead, craniotomy may be performed, if necessary. Cold applications to the head, and hot to the extremities, are generally indicated.

Morphia and atropia have been used in some cases with good



results; they are used hypodermically,  $\frac{1}{4}$  to  $\frac{1}{2}$  gr. of the former to  $\frac{1}{100}$  to  $\frac{1}{80}$  of the latter.

I now come to speak of the use of an agent that seems to have been very successful in the hands of some physicians in cases of eclampsia. I refer to tr. veratrum viride. I believe some brave and daring ones have given as much as a teaspoonful of this agent at a dose. This I should greatly hesitate to do, and yet I think very large doses may be given, if the conditions indicating its use are present, viz.: a *full, bounding, strong* pulse—the very condition in which our ancient brethren *bled*—BLED—and in some instances did relieve the symptoms. Now the very latest authority before me says: “I never saw an indication for blood-letting. Blood-letting is totally discarded in Vienna clinics, and the results are far better than anywhere else. It is often very dangerous, as has been observed by Schroeder and others.”

We should not forget the dangers of a too active treatment or interference. The danger is not all past when the labor is over, for only one-third of the attacks stop when the delivery is completed; in one-third they abate, and in the remainder they continue unabated. A few cases of eclampsia may first appear after the delivery, no evidences of such an outbreak having been observed during labor.

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## SURGICAL APHORISMS.\*

BY E. YOUNKIN, M. D.

In reducing the principal dislocations, the method known as the *Manipulatory* should be practiced.

### 1. *Diagnosis and Reduction of the Hip-joint.*

(a.) If the great toe of the injured leg rests on the tarsal bones of the opposite foot, and you have preternatural immobility, the head of the femur is on the dorsum of the ilium.

To reduce it by manipulation. grasp the leg with one hand and the thigh with the other; flex the leg upon the thigh and the thigh upon the abdomen; carry the leg upward, over the opposite leg, until it meets with resistance; now rotate the thigh inwards; continue to move the leg in the way it will go the easiest, upwards and out-

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\* Read before the State Medical Society of Missouri.

wards; then bring it down alongside of the other leg. Thus the leg in its course has traveled in an oblong circle.

(*b.*) If the great toe of the injured leg rests on the root of the great toe of the opposite foot, and there is preternatural immobility, the head of the femur is resting in the ischiatic notch.

To reduce it, grasp the leg as in the former case, and manipulate in every respect as in the former, except in a lesser degree, so that the circle will be less, and the joint will be reduced.

(*c.*) If the foot is in extreme abduction, standing almost at right angles with the body, and you have preternatural immobility and half an inch shortening, the head of the bone will be found on the pubis.

To reduce it, grasp the leg with one hand and the thigh with the other, flexing the leg on the thigh and the thigh on the abdomen, carrying the leg up in an abducted position. A little care must be exercised in rotating in this case. As the head of the bone is liable to slip over the spine of the pubis and hang there, the thigh should first be rotated slightly outwards, then extension made; after this, and while extension is kept up, rotate inwards. Now carry the knee upwards and inwards; then, sweeping the circle, bring it down alongside the opposite leg.

(*d.*) If the foot is abducted standing in front of the body, the leg elongated, and there is immobility, the head of the bone is in the foramen thyroideum.

Reduce it by grasping as in the former case, and carrying the leg up; rotate the thigh inwards, and sweep around the circle the same as above, only in a lesser degree. Thus the manipulatory method is fully carried out.

2. *Dislocations of the Shoulder-joint.*—First find out where the head of the bone is resting.

If the head of the humerus is in the axilla, follow up in their order the following instructions:

First, flex the elbow at right angles; second, carry the elbow out from the body and up, so that the shoulder will form another right angle. Now, with one hand on the acromion process and the other holding the humerus at the elbow, use extension and counter-extension to dislodge the head of the bone; now sweep the arm in detour, upwards and forwards, describing a circle, and bringing it down by the side of the body.

If the head of the humerus is under the clavicle, or under the corocoid process, observe the following particulars :

Use extension and counter-extension, first, in the line in which you find the axis of the humerus.

Secondly, raise the arm at right angles with the body, the elbow flexed ; third, make the detour in all respects as in the former.

If the head of the bone is under the spine of the scapula, use extension and counter-extension first, then raise the arm, then make the detour from before up and backwards.

3. *Fractures.*—In treating fractured bones of the forearm, never use plaster-of-Paris bandage without an underlying splint, as the broken bones will surely be drawn together and the arm maimed.

To keep the bones of the forearm apart, two flat splints, *wider* than the arm, should be used.

In fractures of the radius, between the insertion of the biceps and the pronator-radii-teres muscles, the hand should be *supined*—the splints turned at right angles, to fix the elbow ; the splints wider than the arm, to keep the bones apart ; and the hand supined, to obtain the proper rotatory adjustment.

In fractures of the radius near the wrist, or in its lower half, the hand is better semi-proned ; the splints should reach only to the roots of the fingers ; farther than this impedes the movement of the fingers and leaves them stiff, as the tendons become tied down by adhesions.

In fractures of the femur there is usually overlapping of the fragments, and shortening is the result.

Means of extension and counter-extension may often be dispensed with by flexing the leg. An inclined or a double-inclined plane is often sufficient. If you use a weight and pulley extension, see that the weight is not too heavy. Measure every third day, so that the weight may be reduced. •

A fracture just below the minor trochanter requires a greater inclination than when broken in the middle of the shaft, a lesser inclination in the middle of the shaft, and then again a greater at the base of the condyles at the knee.

A fracture of the condyles, when there is splitting into the knee-joint, should be set in the straight position.

4. *Hip-joint Disease.*—When called to examine a patient with

pain in the knee, and you are unable to find a local lesion, you may suspicion hip-joint disease. If you do not find in the hip evident objective symptoms, you should carefully examine the back for vertebral disease.

Apparent elongation of the leg in hip-joint marks the second stage of the disease, and apparent shortening marks the third stage; these should not be interpreted as dislocations. In the first stage of hip-joint, rest in the recumbent posture is the treatment. In the second and third stages an extending apparatus should be worn, and the patient allowed the open air.

5. *Ulcers.*—In the examination of an ulcer look for the direct excitant. This may be local or constitutional.

If the ulcer is on any part of the body above the knee, unless in case of a burn or other traumatic cause, you are led to suspicion a constitutional cause. If below the knee, and on the posterior aspect, look for constitutional cause, unless it is traumatic.

Ulcers are prevented from healing by fetid discharges, by uncleanness, by the leg being too dependent, and by the indurated state of the limb. To cure, you must correct these. Rest, elevation and antiseptics are suggested. The day of ointments has passed away.

Don't scrub an ulcer. Don't grease an ulcer. Don't allow it to become filthy. Don't allow the limb to hang down; or if you cannot avoid this, use a bandage as a means of compression.

6. *Amputations.*—In amputating a finger, do not sacrifice the length to follow any special form. Leave the stump as long as possible. Make your flap from the anterior portion, so the cicatrix will rest posteriorly. Preserve the tendinous insertions where it is possible.

In removing the metacarpal bones, preserve the breadth of the hand if possible.

If the periosteum remains, and the parts are crowded together, the new formation is likely to crowd upon the nerves and give rise to painful sensations.

In crushing accidents, save as much of the hand and fingers as possible. The most useless part is better than an artificial hand.

In contractions of the fingers, a subcutaneous division of the fibres may be sufficient to correct the deformity. A V-shaped flap, with the apex looking towards the wrist, affords a good incision, so

that when stitched, after the straightening of the finger, the incision will present the shape of a Y, which allows an elongation of the palmar fascia.

7. *Tumors*.—In the extirpation of benign tumors, I secure union by first intention by sprinkling the parts well with the impalpable powder of boracic acid, and covering with cade gauze. I use the boracic acid with impunity, rubbing it into the raw surfaces; it never poisons, and does not interfere with primary union.

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### SOME THINGS WE INHERIT.

BY W. V. RUTLEDGE, M. D.

In the outset I might appropriately mention the fact that *tuberculosis*, or what is popularly known as pulmonary consumption, is an inherent quality in the composition, of certain individuals, that tends in the course of such individual's life to become the ruling principle in his or her development—hence it may be said to be a developmental malady, for such it marks itself, purely and simply. In some instances such development is rapid and early, so much so that at the age at which puberty usually appears the diathesis claims for its own aggrandisement, as it were, all or nearly all of the assimilable elements of the blood, and turns them to its own account, that of forming that inorganizable product, tubercle. The question is often asked of the doctor, and the doctor is often foolish enough to propound it himself, as though he were absolutely ignorant of the subject: "Why do people have consumption, and die of it, in the present enlightened state of the medical mind? Why do not the doctors, with their wonderful pretensions and means, elaborate some plan from their inner consciousness, and means from such a replete materia medica as they boast of, by which and with which they may cure consumption?" And the question is just as large to-day as it has been at any other period of medical history, and no satisfactory answers have been vouchsafed, or even attempted. We may answer the first part of the first question by observing, that people have consumption because of some peculiar inherent and personal principle in the individual that, at some period in the individual life, becomes the governing principle, giving rise to a product not morbid, considered by itself, but foreign as respects the nutritive properties and purposes of the animal organism in an ideal state—an inor-

ganizable product, hence not to be thought of as a product capable of nourishing and renewing the tissues of the body, and maintaining it in that state of fair proportion and ideal animal perfection. It is incapable of change except by accretion, and, perhaps, the infiltration into its substance or about it of oily and other matters. All of the material that should have gone to the nourishment, and regrowth of the animal tissues is turned to the account of tubercle, because of the inherent quality implanted in the embryo, and gaining influence and power until it dominates all else, and more or less gradually starves the system until it can hold out no longer. It has been called a voracious monster, but is nothing more nor less than the result of a law of development, inherent and personal, in the organism in which we find it—bacilli to the contrary notwithstanding—another German mysticism, that many of us will live to see swept away with many other German cobweb theories. We might say, almost now, Koch's bacilli, as the cause of consumption of the lungs, has strutted its brief hour on the stage; and while it had many superficial votaries to yield it faith, it will soon give way to other mysticisms that, like it, will pass into absurdity and be forgotten, as everything deserves to be that does not accord with the nature of things. Why people die of consumption has been partly answered, you will observe, if you have followed closely my reply as to why they have it. First, the product is one that cannot be organized or changed into living tissue—hence cannot nourish and vitalize the system. Second, it is a product that has no pre-ordained outlet—hence must form one of its own, or be deposited in some part that offers the least resistance, which it fills until it is spoiled by its presence there. Third, as I have said, all the material taken as food is formed into blood, that, under the pressure of the dominant law of the individual's being, yields little else than tuberculous material, until the body is starved into compliance with the law of development, that grew and increased in power with every day of the existence of the unfortunate individual, from the cradle to the grave. The law of being in such cases, although regarded in the light of a curse, is nevertheless omnipotent.

All men—or women either—who claim that consumption, tuberculosis, the result of the scrofulous diathesis, ever is or can be cured, or that pretend to cure it or turn it aside only temporarily,

are fools or knaves ; the former, we may say to their credit, is the beatific state of the great and growing majority that make such superior pretensions. The law governing the development of individuals who have inherited the consumptive bias, or diathesis, being as inexorable as the law governing the movements of planets, we may convert the facts into moral teaching for ourselves, and with due regard for truth and wisdom make no pretensions whatever to cure the disease, nor hold out hopes that can never be realized, and thus lose the confidence and respect of those whom we deceive, and to whom, I may say, it is unfair, not to say cruel, to lead on and up to the brink of the grave with false assurances of recovery.

I have implied that the product, tubercle, cannot be fitted to any one or more of the organs of excretion—hence finds no road or channel ready made for its escape, and must, perforce, form one for itself, or of its own, and thus it not only starves the system in general, but absolutely destroys the organ that has become the seat of its presence.

Then I may direct your attention to *cancer*, that, while not so plentiful as tuberculosis, is just as deadly, just as sure to end in destroying the possibility of the body's coalescing with life, in health or recovery, as it is possible to conceive ; yet there are doctors who claim (and are foolish enough to believe, no doubt, in their ignorance of the great subject) that such a thing is possible. "What is cancer?" we are often asked, and what answer do we give? The cancer doctor says he does not know, but he can cure it. Does he cure it? and if not, why not? The answer is ready: it, too, is a developmental malady. Because of some fell, but inherent principle in the constitution of the individual, he develops cancerously, until the system has become so loaded or burdened by the presence somewhere of the cancerous product, that, like tubercle, cannot be fitted to any of the organs of excretion, and hence must form one on its own account. To be brief and at the same time explicit, say that when stripped of all triviality, and placed naked before the observer, he sees naught but a new and extraordinary eliminating surface. And in the language of a great pathologist: "How constitutional, how intensely constitutional, is the eliminative action that takes place at such extraordinary surface, is a question that can hardly be misunderstood. The mere fact that Nature thus, if I may

say so, deliberately and without any exterior provocation organizes in one spot of the body a drain which becomes so ample as to starve the remainder; the circumstance that this flux is not a single emptying out of some previous local accumulation (such as we see in the pricking and discharge of an abscess), but is a persistent process, depending day by day on new acts of growth; the observation that the disease is, in many instances at least, hereditary; the existence of a marked cachectical state, which precedes as well as accompanies the evolution of the tumor; and, most of all, that flagrant evidence of metastasis, which daily renews for our instruction, consisting in the surgical operations, by reason of the obstinate emergence of the disease, ever and again, in parts previously uncontaminated by its presence: these arguments are, to my mind, as conclusive for the constitutional, and purely constitutional origin of cancer as any which I could adduce to show you the constitutionality of small-pox or gout. Thus much is beyond question. And, while I tell you that a cancerous tumor is an organization for excretory purposes, I wish I could go further, and could explain to you what is that mysterious condition of system in which this eliminative effort has its root; what it is that enables and induces the blood thus to starve those various organs which are the natural claimants of its substance, and thus to waste itself in works of supererogation. Cancer and tubercle are incompatible diseases—one excludes the other. You cannot wonder at this. They are pathological antitheses in regard of the blood. In the one case, if such a strong phrase may be used, the blood dies stillborn; it never attains its maturity of growth or function; it stops short of the distributive arteries of the body; it never reaches the aorta; it perishes and decays on the threshold of the circulation. In the contrary case of cancer, there is an obstinate excess of vitality, which will not be quenched. We remember how the blood's plasma, as though out of a luxuriance of life, contributed, not to perishable concretions, but to profuse living growths; we remember how these growths, tending to an effort of elimination, still maintained an uninterrupted dependence on the blood, constituting the strange paradox of an organized excretion; we remember how they evolved themselves with exhaustive rapidity out of a too fructifying blastema, vegetating without limit at the expense of other organs, till the whole fluid of



the circulation seems to devote itself, away from its slower and legitimate uses, to this impetuous by-play of organization."

## **ELECTRO-THERAPEUTICS.**

BY W. J. ATKINSON, M. D.

Electricity, at the present time, is having quite a host of friends who are advocating it as a great therapeutical remedy in nearly every disease that afflicts humanity. It is quite difficult to just determine what it is, and hence to know just how to use it is a little difficult. It has been defined by some as a "mode of motion." If that is a correct definition of the word electricity, I would be pleased to learn what the entity that is moved by mode electricity. The thing moved must be different from the mode or manner of its motion; or, stated syllogistically, we have—

1. Electricity is a mode of motion.
2. The mode of motion of a thing is not the thing itself.
3. Therefore, electricity is only the mode by which a certain unknown power or force moves.

Now in electro-therapeutics we have a power introduced that is not electricity itself, but a force that uses electricity as the mode or manner of its travel, which power or force we try to use to restore lost health.

For lack of a better word to convey to the hearer my idea of that force or power, I will call it SPIRIT. Electricity then is the manifestation of spirit. In this materialistic age, medical teachers are wont to discard the idea of the existence of spirit altogether. Hence the various materialistic explanations and definitions of things and their actions. It appears to me to be unnecessary at this time to enter into an argument to prove the existence of a power outside and independent of matter, that moves matter and does all that is done, and without which there is not anything done that is done.

When we realize that there is no life, health nor happiness without this power, we then feel that to enjoy its benefits we should study it and learn its relation to us and us to it.

If all life and health are derived from spirit as an influx, then our therapeutics should be selected with a view to that fact.

The nervous system of animals is the means by which spirit

manifests itself to the world. The higher the organization the higher and better the manifestation.

That which gives action to all bodies is greater than those bodies. Electricity is only a manifestation of that power. It is not life but the result of life or action. Perhaps in a grade or scale from the coarsest to the finest, the nearest to life of any other substance of mode of action; or in other words, life can act with more power in this manner than in any other; hence in the therapeutical use of it we get when used according to its laws the most subtile force that material *materi medica* can impart. But how should it be used?

We are taught to believe that the nervous system is the great thoroughfare over or along which life is sent to every part of the body—hence there is the general office of health in the brain with the main line of transportation along the spinal cord with the minor offices in the different ganglia, from which goes out the health to the different organs of the body. Therefore to be able to use electricity to any advantage in the treatment of disease, we should first study the nervous system, and more, we should learn that “all forces and faculties belonging to man have their special seats in the brain and corresponding positions in the body. Every elementary power or tendency culminates to a certain locality.”

We should first learn those localities, which may be called “Motor Points,” to be used as the points upon which to apply the poles of the battery. To illustrate, the region of health is located in the brain on each side of firmness as located by phrenology. Its corresponding point is on the back between the shoulders to center of shoulder blades. To invigorate health apply your current at these points. Stimulate the back at that point and the head at the seat of health.

Medicines that are intended to restore lost functions are equally as efficient applied on these points as ointments, embrocations, etc. As for instance, the lumbo-sacral nerves supply the sexual organs with nerve power or health.

In treating those diseases especially peculiar to females, in addition to the electrical applications, those other remedies that have a specific action upon those organs may be used by rubbing them in to the body on the lumbo-sacral region.

Medicine has a specific action upon the organs of the body through

the nerves that supply them with life. Assimilation and nutrition are functions that are generally most to be aided in the treatment of chronic diseases especially. Electricity being easily applied may be made to do good service in restoring those functions.

The secret of success in treating diseases lies in knowing how and when to use our remedies. Electricity like all other agents has its action, laws and effects, and it requires a great deal of study to be able to use it with profit to yourself and patients. It affords a field of study and work for a century before it will be exhausted and one that will be a means of pleasure and profit to those who pursue it. To those who would make a specialty of electricity I would say, study well the "Motor Points" and apply your remedies through them and let success crown your efforts.

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## STOOLS IN INFANT DIARRHŒA.

BY J. HOBERT EGBERT, M. D.

The nature of the evacuations in infant diarrhœa varies. They may consist of merely indigested food, generally curdled milk, or there may be admixture of mucus, or even passages of clear mucus; sometimes they have the appearance of disintegrated mucous membrane, blood and bile, or may have a serous or rice-water appearance. Flatus is often passed with them, somewhat relieving the meteorism. The color is generally greenish, but may be somewhat brownish and sometimes clay-colored. Several explanations have been advanced for the cause of the green color so common in infant diarrhœa. Until recently it was an unsettled question as to how a child fed on a purely animal diet should have green colored stools. The coloring matter is undoubtedly *biliverdine*.

The principle coloring matter of the bile—bilirubine—when dry is of a reddish-brown color and uncrystallizable; insoluble in water, slightly so in ether, more so in alcohol—to which it imparts a yellow color, and most soluble in caustic alkali. The bronze-brown color of the evacuations is due to the fact that in human bile bilirubine predominates. The secretion of the bile is constant, and if there be food in the intestines the bile mingles with it, dissolves the fatty portions preparatory to their absorption, and imparts color to the alvine evacuations. In cases in which green stools occur the bilirubine is undoubtedly oxidized by contact with lactic or butyric

acid (constituents of the milk upon which the infant is fed), becoming biliverdine, which during the diarrhoea is hurried unchanged out of the system.

The experiment is simple and conclusive. If ox-bile be inclosed for from 24 to 36 hours in a perfectly full and securely stoppered vessel, so as to be entirely protected from the air, it gradually loses its green color which it has obtained by oxidation of the bilirubine and its consequent conversion into biliverdine. If this bile, which is now practically devoid of biliverdine, be treated with lactic acid in the proportion of 1 part of the acid to about 15 of the bile, the latter becomes distinctly green in color. The same effect is produced by using butyric acid in proportion of 1 part of the acid to about 8 of the bile, butyric acid being a much less powerful oxidizing agent than lactic acid. This experiment shows that lactic fermentation is of itself capable of inducing green stools, although it cannot be positively stated that there is no additional causative agent. Consequently green and acid stools seem to be indications for treatment by alkalies, for obvious reasons; and antizymotics, to attack the micro-organisms upon which the fermentation depends.

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### **DISLOCATION OF THE HUMERUS, WITH FRACTURE NEAR THE UPPER END OF THE BONE.**

BY GEORGE COVERT, M. D.

It is possible for a country practitioner to be in practice a lifetime, and never meet with one of these complicated cases. However, in my practice of a quarter of a century, a number of such cases have fallen to my care.

The older surgeons taught us to adjust the fracture. await union, and then run the risk of being able to reduce the dislocation. Pursuing such a course, results were often unsatisfactory, and often the dislocation remained a permanency.

Others have advised that the end of the broken shaft be placed in the glenoid cavity. This secures a tolerably good use of the arm ultimately, and also a deformity.

In my experience, I have never met with an instance wherein reduction could not be accomplished at the first visit, or within a reasonable time after the accident. My method is original with

myself, although a similar and equally excellent method may, perchance, be now taught and practiced. To illustrate my manner of procedure and style of dressing, I will give a synopsis of my last case, which occurred in June last:

A child of six years was leading a calf, with the rope so fastened to her arm that she could not readily disengage the member. The calf ran, dragging her by the rope, and so pulling upon the shoulder and tearing ligaments as to produce a sub-coracoid dislocation, with a fracture of humerus near the neck.

Anæsthetics are usually required. In this case, as child and parents objected, the operation was performed without recourse to any anæsthetic. My assistant took hold of the shaft of the humerus, elevating the arm above the shoulder and steadily pulling outward and upward, while my hands were clasped about the shoulder, with my thumbs upon the upper fragments. Sometimes it requires some little manipulation to get the head of the humerus back through the rent in the capsular ligament; the history of the case, however, usually suggests the locality of the rent.

After reducing the head in this manner, the fractured ends were brought into apposition. As fractures at or near the head of the humerus are usually transverse, the serrated ends of the fractured bones help to hold them *in situ*, with no fear of shortening or displacement. This is an important point to bear in mind in dressing.

I dressed the arm with the rubber adhesive strapping, without splints or other appliances, as I do in all such cases. The customary splints, carved with shoulder piece and hinge, or of woven wire, and of the correct size for the subject, are not always within the reach of the country practitioner. Hence, any device which secures the desired end without the use of splints is a desideratum. Incidentally, increased comfort is secured to the patient, and expense lessened for the surgeon.

Beginning on the inner surface of the arm with strapping two or two and one half inches in width, I passed a band around the fracture, over the scapula to the spine; also, in like manner, one below the fracture. Next, a broad strapping under the elbow, with arm bent at right angle, bringing it up on outside of arm, and fastening it over on the top of shoulder. These strappings effectually hinder the muscles from displacing the bones of the adjusted fracture.

I bring the point of elbow forward to a line with the first asternal or false rib.

In bandaging, I begin by putting the very wide bandage around the body two or three times, as a belt or jacket; then pass it from the back up over the well shoulder, and from thence over the forearm of the injured arm, in the manner of a sling, and repeat this two or three times. Then I again pass it around the body, bringing it over the arm and sling, and pinioning the elbow to the side. This bandage should be secured with safety pins at various points through to the belt or jacket.

I claim for my method that it makes a dressing easy to be borne in hot weather, and, also, absolutely prevents motion of the injured parts, while it leaves the shoulder bare, subject to inspection at any time, and accessible for local treatment, if it should prove necessary.

In the present instance, at the end of four weeks I removed bandages and strappings, and found the condition eminently satisfactory. There was symmetrical union of the fractured parts, and almost perfect use of the shoulder joint.

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### POSTAL BRIEFS.

A CARD FROM COTULLA, TEXAS.—I have been in this "hard name" place and in the adjoining county for eleven years. But things and people here are not half as bad as represented. I have had but 246 cases of gun-shot and knife wounds in all that time. That is not much when you consider that 25 to 50 miles are among my short rides. Our town has a population of 1,500 people, half Mexican and half American. The county population is about 3,000; its length is 54 miles and its width 45 miles. There are two other physicians here. One of these is a "natural-born doctor, what cures cancers, old sore eyes, and what other doctors can't cure." I could give you some queer remedies used among the native Mexicans, who are only half a degree removed from the Indian. As for shame they have none. It is an honor with them to have gonorrhœa and a disgrace to have the piles. I have frequently listened to a crowd of old Mexican women talking. If telling a story of an occurrence they will date it from the time Jaun, Jose or Maria had the (*pureosione*) gonorrhœa.

J. W. H., M. D.

**OBSERVATION IN MEDICAL MATTERS.**—The longer I continue the practice of medicine, the more forcibly do I realize the necessity of a closer study of our standard remedies. We should know them, and their relationship to disease expression, in every minute particular, as a mariner knows his needle, or as a surveyor knows his theodolite; they are the tools in our hands that go far in making the practice of medicine a success or a failure, just in proportion as we familiarize ourselves with them. This is not to be accomplished entirely by reading over and over a few old, musty books, and knowing only, or depending entirely upon, other people's "say so." We should know for ourselves. Do not understand me that this is to be accomplished by experimenting upon our patients; it can only be attained by doing our own thinking, by training ourselves to a closer observation, and watching the minutest detail of every case that falls into our hands; or, in other words, let every patient and every chamber of suffering be a school unto ourselves.

Our friends of the old school would have us know that the practice of medicine is not a science, but an art. Here we agree—that as it is taught by them there is nothing certain in the action of drugs in combatting disease, therefore they cannot class it as a science, as with science there is no guessing at results. When we have acquired a knowledge of medicine by this rational teaching, when we have proven every point by observation, we have then lifted the profession out of a long and deep rut, and placed it upon a scientific basis.

Let every eclectic who is being pushed and crowded by competition from other schools of practice think of this, remembering that as we individually demonstrate to the public, through our acts, that we are more successful in curing disease than our competitors, then have we removed the greatest obstacle in the way of our prosperity. We know we have a superior practice from which to further build, and that our methods will enable us to detect and remove morbid conditions that are beyond the reach of remedies if given under the old theories.

Observation is the teacher that has made many a man's greatness. Who has not noticed in the writings of Franklin the often repeated "I have observed?" So may it be said of Herbert Spencer, of Tyndall, Youmans, Huxley, and a score of other scien-

tific investigators, who have drawn light and learning from every turn and experience in life. True, we cannot all of us be a Huxley or a Spencer, but we can each of us be a better citizen and a more successful physician, if we but improve and develop this faculty of closer investigation.

E. R. WATERHOUSE, M. D.

ANTISEPTIC SURGERY.—*Dear Professor*: From the result of the "Debate on Listerism" at the last National, we are no doubt expected to infer that the microscopic microbe, like its ancient prototype, "goeth about like a roaring (?) lion, seeking whom he may devour," and that all our care and skill are necessary to prevent its insidious inroads. The surgeon, the obstetrician, the gynecologist, are warned of the impending danger, and are advised to disinfect, to antisept and annihilate the deadly foe. *Quæ cum ita sint*. It is amusing, if not really suggestive and instructive, to observe how harmless the little *fiends* are in the absence of the recommended accurate germicidal precautions. Allow me to present a case or two in my own recent practice to illustrate. About two weeks ago, as I was driving through the woods, taking a short cut, I saw a man, whose hand was bleeding freely, sitting on a log. His second finger, right hand, had been crushed between two logs. The first phalanx had been torn off, and was hanging by a piece of skin. I took a soiled handkerchief and brushed the dirt from the wound, carefully replaced the section, sprinkled it well with iron alum, dressed it with rubber plaster and an anterior splint, and left the poor man to the mercies of the remorseless microbes. In a week he reported, to have the finger dressed. The union was complete; there had been very little suppuration. "It never hurt me a bit," he said. Professor Scudder used to say to his classes: "Under certain circumstances, even a retained placenta may be left, to decompose and pass away with the discharges, without serious results." I have recently had several cases of miscarriage, at the fifth, sixth and seventh months, and have felt constrained, under the circumstances (lack of instruments or anæsthetic, distance from my office, etc.), to leave the secundines in the uterus, to "decompose and pass away with the discharges," using only the usual care, cleanliness, etc., and have never seen any bad results follow. It seems to me, that if a microbe had a proper respect for himself and family,



he would not fail to make a strong point in such cases as these. I would not advise un-antiseptic surgery, but there is surely a great deal of unnecessary refinement proposed.

F. A. REW, M. D.

**A CASE OF OBSTETRICS.**—Sept. 4, 1885, I was called to attend Mrs. B. Her husband informed me that he had had a doctor with her for twenty-four hours—a “steamer”—who had gone off, saying he had done all he could to deliver her. I found the patient had been in labor for twenty-four hours, vertex presenting, and patient groaning pitifully. She had not voided urine for sixteen hours. Pains all ceased. One of the women said there were two children, for she could feel one high up and the other low down in the abdomen; and that the doctor had been giving lobelia all day, which kept her vomiting. I asked her if he got what he was after. “No, sir; indeed he did not,” was the reply. One of the children was the bladder, distended with water. I at once introduced the catheter, and drew off a large quantity of turbid urine, to the great relief of my patient. Gave her five grains of chloral, as she was greatly exhausted. After she had taken a good rest, labor was again established, and she was soon delivered of a fine child, which only lived a short while. I had to use the catheter for ten days, every time drawing off an ounce or more of purulent matter, and each time washing out the bladder with a solution of ext. pinus canadensis—then introduced a bougie of the green bark of *ulmus fulva* into the urethra, letting it remain two hours. The patient went through the confinement without any more trouble. I have written this to show how difficult it is to hasten labor with an emetic, or to deliver a woman in that way.

JAS. T. CASTLEBERRY, M. D.

**HYDROCELE.**—I have had a rather peculiar and satisfactory experience with tongaline. In a case of hydrocele, that had given me much trouble and anxiety, I had used iodine, iodine and carbolic acid, tinct. thuja occidentalis, and other combinations as injections into the sack; but the patient would come back about every six months with the statement that “That thing has filled up again—what are you going to do about it?” He had been to surgeons in Chicago and New York with the same result.

I had been reading that ergot injected into the sack would some-

times cure, so when I went to operate I took what I thought to be an ounce of tincture of ergot, and, after drawing off the fluid, I filled a small hypodermic syringe (about 20 minims) and injected it into the empty sack, but after doing so I was disgusted in discovering that it was tongaline instead of ergot. I did not tell my patient of my mistake, but anxiously awaited results. The injection was followed by a slight inflammation of the serous membrane, which passed off in a few days, and now, after more than two years, there has been no return of the condition.

I have used tongaline in quite a number of similar cases, with the same result, and now consider it an infallible cure for hydrocele.

D. D. MILES, M. D.

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A NEW INSTRUMENT FOR THE RELIEF OF DEAFNESS has been devised by J. A. Maloney, Washington, D. C., which promises to be of considerable aid to the deaf, both as an immediate help and as a therapeutic measure. In several tests made with the instrument, it was found that a person so deaf as to be unable to hear a loud voice was able to hear a whisper through this instrument. In these instruments there is no tube to enter the meatus. A rubber diaphragm is tightly stretched between two rings, and enclosed in a hard rubber box, which is applied against the ear. To the outer portion is attached a cone-shaped tube, for collecting the sound-waves. One form of the apparatus consists of the ear-piece just described, to which is attached a rubber tube, terminating in a mouth-piece. This modification is intended to be used in training the partially deaf, the speaker applying his mouth to the mouth-piece and speaking in the tube, while the deaf person listens at the other extremity. In the Pennsylvania Institution for the Deaf and Dumb a test was made upon fifteen cases. Some of these were of congenital deafness, some having lost their hearing between the ages of one and five years, and some with profound hardness of hearing, but who still could hear a little, and could therefore articulate a few semi-mutes. Hearing was excited in every instance, and in the case of the semi-mutes the results were especially satisfactory, as they heard nearly everything said to them, and returned intelligent answers.

**SELECTIONS.****THE CURE OF FISTULA IN ANO WITHOUT OPERATION.**

BY E. ANDREWS, M. D., LL.D.

While preparing the materials for a work on "Rectal Surgery" some interesting facts come to my knowledge. The general impression among physicians is that nothing will cure a fistula except a surgical operation; and, indeed, this is true with regard to many fistulas. But it is equally true that a large proportion of them are curable without any operation more serious than probing and injecting, and in such cases it is a duty to exhaust the milder measure before resorting to the severer. But it is necessary to make a proper selection of cases. Where the fistula leads to extensive pouches, or several complicated branches leading in different directions about the rectum, the non-operative methods are not likely to succeed in any moderate length of time. But where the fistula is simple and contains no large pouches, and leads pretty directly to an opening in the rectum, there is an excellent prospect of cure without any strictly operative procedures. The reason why a stricture does not cure itself is not altogether, as we have formerly supposed, the daily forcing through it of materials from the rectum. On the contrary, if the interior of the fistula be thoroughly antiseptized throughout its entire length and into every curve and corner, and maintained in that purified condition, the ulcerative tendency which prevents contraction and healing is arrested. Granulations spring up through the whole length of the passage, and close it in spite of any moderate tendency of the rectum to force mucus, gas and fæces into its channel.

Naturally enough, itinerant quacks who are traversing every part of the Mississippi Valley—and, for the most part, are so unskilled that they do not dare undertake a cutting operation—have been among the first to discover the success of the non-operative methods, though they are too ignorant to understand the principle on which they accomplish their cures. For instance, a man named Brinkerhoff, in Ohio, sells to itinerants for a price varying from \$100 to \$300, according to the gullibility of the purchaser, a little secret book of directions, constituting what is sometimes called the "Brink-

erhoff System of Rectal Surgery." With this book of directions goes a little case containing about twelve dollars worth of instruments, among which there is nothing by which an itinerant could possibly make an incision. He is too ignorant and cannot be trusted with edged tools; and, in fact, in his little book, Brinkerhoff says, in regard to fistula: "Never use the knife or ligatures." He directs the itinerant first to oil the interior of the rectum and the external integuments around. Next he is to inject the fistula thoroughly with an antiseptic mixture, and, taking a probe, churn the medicine thoroughly through every part of the fistula, and then, closing the external orifice with one finger he is with the other finger to compress the external parts of the channel so as to compel the antiseptic to run thoroughly into the deeper parts. This accomplished he injects 10 or 15 drops of the following mixture: R. Distilled extract witch hazel, fl ʒ iij.; Liquor of the persulphate of iron, fl ʒ j.; Carbolic acid, grs ij.; Glycerine, fl ʒ ij. Mx.

The itinerant is then to apply an antiseptic mixture to the internal orifice of the fistula and to any ulcers in its vicinity. He is to repeat this treatment every two or four weeks, depending not on the welfare of the patient, but upon whether the quack is working a two-weeks' or a four-weeks' circuit. Other irregulars take the following course: First, having explored the fistula well with a flexible probe, they wash out its channel with a solution of hydrogen peroxide. They then take equal parts of 95 per cent. carbolic acid and a 10 per cent. solution of cocaine and inject carefully but thoroughly 10 to 15 minims of the mixture into the fistula. The patient is then to lie down about two hours, when he receives into the fistula an injection of equal parts of *Ol. eucalypti* and glycerin more. These men have discovered that many fistulas can be cured by such antiseptic methods, although they generally do not understand the principle on which it is accomplished. Their ignorance of general science, however, need not deter us from observing the results of their experiments, and applying the principles involved in them for the benefit of our patients. Dr. Matthews, a regular physician of Louisville, has devised a treatment which may almost be called non-operative and by which he claims to have cured about twenty cases. His plan is the following: He takes a long slender laminaria tent, and, guiding it into the fistula as far as it will go, leaves it several hours

to dilate the passage. He then takes Otis' urethrotome, and, insinuating it into the sinus, turns the screw and moderately dilates the channel, after which, by protruding the knife concealed in the tip of the instrument, he scarifies the interior. If necessary, he repeats the operation several times, thus making the passage straight and simple, giving it a free external opening, and by the irritation of the incisions arousing the growth of new granulations. If one wishes to try the completely non-operative plan, the best method of procedure is as follows: First, explore the interior and ascertain that it is simple enough to give the prospect of being able to make the injections reach all parts of it. Next, bear in mind that this fistula must have a free external opening, otherwise it will confine a quantity of septic pus in the interior, which, both by mechanical distension and irritant qualities, will arrest all efforts at healing. It is therefore best in many cases to enlarge the external portion of the sinus with a bistoury or with a laminaria tent. This being accomplished, inject the whole interior of the fistula carefully with a good vigorous article (for that sold in the shops is very variable) of hydrogen peroxide. It will be better to inject this through a small catheter inserted into the deepest parts of the channel, or else throw it in by a syringe whose beak is large enough to completely fill the fistulous opening, so that the pressure shall compel the fluid to find its way into the remotest parts. Throwing the solution in repeatedly, and giving it time between the pulsations of the syringe for the foam produced by the action of the medicine on the puss to boil freely out, we next leave the patient quietly on the lounge an hour or two. Then with a small syringe insert about 10 minims of a solution of bichloride of mercury of the strength of one part to 3,000 of water. Repeat this once in about 3 or 5 days, taking pains not to throw large quantities of irritating solutions through into the rectum. This procedure alone will cure a considerable proportion of cases. But if greater thoroughness is required, some advantage will be gained by taking Allingham's rectal speculum and, exposing the internal orifice of the fistula, touch the opening with a stick of nitrate of silver where it enters the rectum, and place the patient in bed with a sheaf of three soft rubber catheters lying side by side in the rectum to give exit to the gases and mucus. The bowels should be previously emptied with a cathartic.

There has been a very general opinion in the profession that it is not expedient to cure a fistula where the patient is inclined to tuberculosis. Dr. E. E. Glover, of Terre Haute, Ind., has taken the pains to ascertain of a large number of surgeons, on both continents, their opinion on this subject, by which he discovers that there is apparently a very great change of opinion on this question. He finds that those who reply to the question as to whether they would operate in tuberculous cases the following who say yes: Allingham, Agnew, Andrews, Brinton, Brodie, Borck, Bonteson, Solis-Cohen, Cole, Francis Delafield, Eastman, Englemann, Gunn, Hamilton, E. F. Ingals, Lane, Linthicum, McGuire, Mathews, Moore, Owens, Prewitt, Peck, Raemy, Sayre, T. G. Richardson, of New Orleans, Roberts, of Philadelphia, Wight, Wilson, Varich and Taylor.

My own opinion is that there is no objection to curing the fistula in such cases. On the contrary, it is beneficial to the patient to do so. But it is true that where it is done by incisions the wounds do not always heal well, and if the patient has but a year or two to live on account of his tuberculosis it seems scarcely worth while to submit to the annoyance of the operation. But this would be no reason why he might not be advantageously treated by gentle and non-operative methods, such as we have described.—*Chicago Med. Jour. and Exam.*

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### “CHRISTIAN SCIENCE.”

BY S. V. CLEVENGER, M. D.

The brain being one of a number of associated organs, it is not remarkable that general health or sickness should affect the mind, nor that mental states should influence bodily conditions. Hippocrates knew that heart disease caused anxiety, which was expressed in the face; and everyone knows that the liver difficulty called jaundice is attended with the “jaundiced disposition;” and that the *spes phthisica*, a peculiar hopefulness, belongs to long consumption.

Hope, fear, joy or grief influence the nutrition of the body; a fright may stop the digestion of a meal, or cause death by arrest of the heart's action; joy has been known to kill, and excitement to impart great temporary strength. A very superficial examination of certain anatomical facts will aid the reader to understand this

interdependence of mind and body, and intimate the direction in which the physiological psychologist works. It is no longer blasphemy to call the heart a pump, though that is precisely the charge Plempius, from his pulpit, made against Hervey for the assertion; nor is it flying in the face of Providence to speak of the arteries, capillaries and veins as tubes through which the blood is pumped by the heart; but when this half knowledge is built upon by the aid of the microscope, and the observer announces that the entire animal economy is a mechanism controlled by definite physical and chemical laws, and apparently nothing else, the olden denunciations are renewed.

Every portion of the body must have its food, and the blood current is merely elaborated, diluted, though concentrated, food, and the nerves and brain require more of this sustenance than other parts. Consciousness is lost the instant the brain is not supplied with blood, whether from heart failure or other cause. Surrounding the arteries are muscular bands that by contraction and expansion supplement the heart's action in propelling the blood onward. If there happen to be irregularity in the constriction or dilatation of these tubes, through the tightening or relaxation of the enveloping muscles, then circulatory aberrations occur, such as congestions, blushing, flushing, paleness, rapidity or slowness of pulse, etc., producing convulsions, apoplexy, paralysis, neuralgias, faintings; and where these disturbances are limited to areas, instead of being general, certain local effects follow, such as tumors and ulcers.

Toward the gray matter of the brain and spinal marrow proceed a multitude of sensory nerves, carrying inward impressions of touch, taste, heat, cold, smell, sight—telegraph lines that relate the individual to the outer world. From this same gray matter proceed motor nerves to all the muscles that move the arms, legs, trunk, head, or that surround the intestines, blood-vessels, the lung tubules and the glands. An impression that is unpleasant may pass over some of the sensory nerves and cause the motor nerves to provoke contractions of its muscles, which will be evidenced by a start or spring backward, a flushed or pallid face, an outpour of perspiration from the sweat glands, that are, for the time being, paralyzed. In countless instances, the control of the body by the nervous system, and in as many more, the dependence of the nervous system



upon the healthy working of other organs, could be shown; but all these facts are obtainable by experience and a study of elementary physiology.

One of the most protean ailments is known as hysteria. The sufferer is usually a female, and in most instances has inherited an unstable nervous system, which, through idleness, social dissipation and the yielding of relatives to every caprice, becomes confirmed. The erratic working of her circulation may, for a while, shut off blood supply from the back part of the brain, and afford hysterical blindness, partial or complete; if the speech center in front of the left ear be denuded, by spasm, of blood, then there is "aphonia," or hysterical speechlessness, or feebleness of voice; erratic blood supply also causes the "clavus," or hysterical headache; similar vacillating nutrition to other parts may set up the breathlessness, even the mucous rattling in the lungs, that simulates pneumonia, the rapid heart action, the writhings, contortions of hysterical convulsions, or paralytic conditions and limb contractions.

Hysterical paralytics have been known to be bed-ridden for years and upon an alarm of fire spring nimbly from the house, or after months of successfully maintained cramped position of a leg suddenly straighten it under excitement or when chloroformed. Minor cases usually complain of many indefinite things, but major or minor sufferers invariably react favorably to mental impressions, if suitably afforded. For instance, an honest old physician frankly told the father of an hysterical girl that nothing but quackery would cure her. Resort was had to an "Indian doctor," who, with the impressiveness of his mysterious mumblings, long hair and emphatic assurances of omnipotence, actually induced her to arise from bed restored to health. Years afterward, some ruse the doctor used was injudiciously explained to her, and she at once returned to her bed, and became demented. Discipline and education are far better methods than such deceit.

Many a scientific physician has suffered in his own esteem upon being credited with some such success, accidentally gained, and many a charlatan has exulted in the discovery of some such power over cases, and marched to further conquests as a magnetic, magneto-electric, mesmeric, hypnotic, spiritualistic, faith-healer, or under some such designation.



Dishonesty and ignorance are not confined to any so-called school of medicine, and regularly educated physicians may be found who justify their resort to questionable means of securing fees.

It is not alone the hysterical who are susceptible to mental influence over diseases. Many a good old practitioner has been told "The very sight of you makes me better," by persons who could not be classed even as nervous. It is the unconscious operation of mentality that occurs every minute of our lives, and is most noticeable when the pull of a dentist's door-bell stops a toothache.

Members of the Chicago Medical Society can recall the time when an honest ignoramus detailed his wonderful power in several cases, and asked for an explanation of its source. A better-informed physician present suggested that a good-looking doctor was the secret of the recoveries in the cases described, and advised him to look up the literature of hysteria.

The history of medicine is full of successive epidemics of quackery, and undoubtedly during them many cases have been permanently benefited through emotional exercise, while more have been temporarily helped. The old superstition of the king's ability to cure scrofula by his touch died out with the advance of knowledge, it becoming known that most of the applicants for this species of divine healing did not have the king's evil at all, and that the coin given to each case attracted malingerers. Perkins, by means of his "tractors," cylinders of metal held in the hands, "cured" multitudes throughout Europe. The Grotto of Lourdes, and a dance upon the tomb of Abelard and Heloise, has enabled many a cripple to throw away his crutches; but, some way or other, such rages die out, and people need some new imposition.

One of the most prolific sources of revenue to every species of charlatantry, including faith-cure, is *mistaken diagnosis*. The cancer doctor removes false cancers, and whenever ignorance pronounces upon the nature of its own disease, knavery is ready to relieve it of its troubles and its cash. In this recent puerility called "Christian Science" we may grant that not all its votaries are either knaves or fools; for undoubtedly people who are fairly well-informed on most topics, and who are sincere in their belief, practice it, or are practiced upon by it, often with success, for the reasons mentioned; but such people are guiltless of physiological or pathological knowledge,

know nothing of the fundamentals of scientific medicine, and can be thus uninformed, without deserving to be called rascals or generally ignorant.

There seems to be bitter internecine war among these Christian healers, for Mr. Teed, who claims to be the Messiah, does not disdain to touch the patient, while other "metaphysicians" do not find the contact necessary. Some contributor to Mr. Teed's journal pertinently asks how it is possible for faith-healers to acquire all this wonderful power in twelve lessons, regardless of their being atheists, illiterate, impure, or the reverse.

"Christian Science" can effect cures in many hysterical cases, particularly headaches and some minor troubles that are not hysterical, but that can be reached through a mental impression; but of course belief is a *sine qua non*. That, or any other species of medical nonsense, can "cure" self-limited diseases, which will recover if left to themselves. The *post hoc ergo propter hoc* delusion is constantly held up to the student of medicine to warn him that he must not think a recovery to be a cure in every case; but the "metaphysician is bothered by no such misgiving. Mumps will recover in a week, even typhoid fever and rheumatism in six weeks, if not treated at all; possibly scarlatina and small-pox; but it is better to aid recovery by the exercise of a little medical common-sense.

It would be safe to offer a reward of a million dollars for any "metaphysical" cure of a *genuine* cancer, a *real* migraine, an *actual* lung consumption, or even a *positive* corn, not to mention the amputation of a leg or the reduction of a dislocation.

Occasionally we hear of actual failures of Christian Science; and, owing to the very materialistic views of the educated physician, he is not surprised at such failure, any more than at the inability of that "science" to faith-cure a leaky water-pipe without a plumber, or to faith-cure into solidity one of Budensick's wrecked houses; for when Bright's disease means that the kidneys are disintegrating, and dropsy follows from this or a badly disorganized heart, which does not pump blood to the kidneys, and when gangrene or decay of the body, usually the legs, follows from the little tubules or capillaries being plugged up or not conveying the needed nutrition to parts, the aforesaid physician cannot possibly conceive of faith, or mummary of any kind, restoring these tissues, any more than it can build a house or pump out a sinking ship.—*The Open Court*.

**MEDICAL AND SURGICAL ITEMS.**

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**IRRIGATION OF THE PLEURAL CAVITY IN EMPYEMA.**—Dr. J. P. Esk (*Medical Record*) recommends washing out the pleural cavity, in cases of empyema, with a two per-cent. solution of bi-borate of soda. In the case of a boy of eight years, who had empyema of the right side, the collection of pus necessitated aspirating seven times in the course of a few weeks, withdrawing each time from eight to fourteen ounces of pus.

Says the doctor: "I had about made up my mind to make a free incision and insert a drainage tube, but concluded to irrigate, and after withdrawing every drop of pus I could get with the aspirating needle I injected a two per-cent. solution of bi-borate of soda, using about eight ounces. I left the solution in the cavity for five or ten minutes, meanwhile changing the boy's position slightly several times, so as to bring the solution into contact with every part of the cavity, and then withdrew every drop of it as nearly as possible. The cavity did not fill up again after that, and the boy made a rapid recovery. I have since then used the bi-borate solution in various cases, and always with the happiest results."

**REDUCTION OF HERNIA.**—The gaseous enemata, as per Bergeon, will prove of great service in the reduction of strangulated hernia. It has been recommended that atmospheric air be injected into the bowel where taxis fails, but air gives rise to great pain, and is not void of danger. The carbonic acid gas, with the sulphuretted hydrogen, will prove a great improvement on this. The distention of the intestines will draw the strangulated knuckle of the bowel within the abdominal parietes, thus causing the tumor to disappear.

**ANTIPYRIN.**—Dr. Suckling and M. Germain See have tried antipyrin in the pains of locomotor ataxy, with relief in each instance. Ten grains to be taken in water when the pains come on. Germain See thinks the rapid reduction of temperature produced by this drug is of less importance than its power of reducing pain. He recommends it highly as an anodyne in rheumatic and neuralgic pains. The dose in severe cases, he thinks, may vary from 50 to 100 grains, but he prefers to administer it in 15-grain doses every hour or two hours, in half a glass of iced water. "It is remarkable," he says,

“that under such treatment the ordinary functions of the body are not disturbed; breathing is natural, the heart regular, temperature is normal, and there is no sweating.”—(*Practitioner.*) We think it better not to administer this drug in the maximum doses as above described; from 10 to 20 grains is better, and if more is required repeat it.

TO PREVENT OFFENSIVE ODORS OF WOUNDS AND ULCERS.—Barbocci (*Brit. Med. Jour.*) recommends equal parts of camphor and animal charcoal. The camphor is a disinfectant, and the charcoal absorbs the offensive odors. There is nothing specially new in this, as it is a well-known fact that these ingredients are among our best antiseptics and disinfectants. Charcoal mingled with *ulmus fulva*, and combined with boracic acid, carbolic acid, sulphate of zinc, etc., has long been in use to correct offensive odors from gangrenous parts.

ITCH OINTMENT—UNG. NAPTHALI COMP.: R. Naphthali, 15 parts; saponis virid., 50 parts; adipis, 100 parts; pulv. cretæ, 10 parts. This is an effectual ointment for the cure of scabies. The patient is anointed with this salve without any previous bath, and usually once is sufficient to destroy the acari. As a further advantage it is colorless and odorless, and leaves the skin soft and supple.

THEINE IN NEURALGIA.—Dr. Mays (*Polyclinic*) recommends the hypodermic use of theine in certain forms of neuralgia and lumbago. On account of the low solubility of theine, it is advised to use it according to the following formula: R. Theine, benzoate sodæ, aa ʒj.; chloride sodæ, gr. x.; aqua distil., f.ʒj. M. Sig. Six drops equal half a grain of theine. Dose, from three to twenty drops.

TO DISGUISE THE ODOR OF IODOFORM.—Roasted coffee masks the odor of iodoform most completely. It does not interfere with the medical action of the iodoform in the least, and is in every way fitted for this use.

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BATTLE & Co. have succeeded in obtaining a decree in the United States Circuit Court, Eastern District of Pennsylvania, restraining D. W. Gross & Son, also Byron Fenner, from the use of their trade-mark, “*Bromidia*,” which gives Battle & Co. an established property-right in this word.

## THE AMERICAN MEDICAL COLLEGE.

The American Medical College is now ready for thorough work, and is awaiting the 5th of September, when the largest class within its history is expected. Many students have already signified their intention of being present at the opening of the session. The first to matriculate have the choice of seats, and are arranged in the dissecting classes as they stand on the list. By sending \$5.00 ahead the name will be entered, a credit will be given on session or scholarship ticket, and a seat will be selected in the order. The professors are all thoroughly equipped for their work.

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—AS A PHYSICIAN, the colored gentleman has not taken high rank. Doctors who graduate with honors refuse to consult with him. They question his skill and spurn his roots and herbs. Sometimes though the effect of his medicines must be acknowledged. Several days ago, an old negro whose son had been taken violently ill, sent for Dr. Simeon, a man whose complexion is a perfect harvest of midnight, but who believes that there is in the woods a remedy for every disease. "How is he, doctor?" asked the father when the physician had examined the patient.

"Sick, sah."

"Does yer think that he is dangerous?"

"Eberybody is dangus, sah. Dangus when he ain' sick; dangus when he is."

The doctor gave the boy a dose of medicine and went away. Early the next morning the parent sought the physician, and with an air of mingled grief and anger, exclaimed:

"Yer ole scoun'rel an' hippercrit, yer've killed my boy."

"Who hab?"

"Yesse'f, yer ole rattlesnake. He died in about two hours arter yer gin him dat stuff."

"Ole man, I sees dat yer doan know nothin' 'bout de heterogenousness o' dat boy's unsophisticated pluro-nervousness. Ef I had-  
enter gin him dat medicine yistidy, he woulder died las' summer."

The old man, after a few moments reflection, said: "Doctor, I hopes dat yer'll 'scuse de ignunce o' er ole man what aint got a berry high edycation. Good mawnin', sah."—*Arkansas Traveler.*

# THE AMERICAN MEDICAL JOURNAL

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E. YOUNKIN, M. D.,                      EDITOR AND PUBLISHER.

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Original Articles solicited from all sources.

Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

The Editor does not hold himself responsible for the views of Authors, and reserves the right to condense lengthy articles.

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## EDITORIAL.

### SOME DISEASES INCIDENT TO THE SUN'S HEAT.

1. SUN-STROKE.—A wave of heat striking the body suddenly is singularly akin to a mechanical shock, and in its effects on the body bears many resemblances to a lightning-stroke. A peculiar coma-like apoplexy is one of the conditions that may follow insolation; a frequently-recurrent giddiness or vertigo is another; epilepsy is a third, and paralysis is a fourth. In all these it is evident that the injury is primarily upon the nervous matter; sometimes upon the brain, sometimes on the spinal cord, sometimes on the periphery of nervous structure, and sometimes on the ganglionic or vegetative cen-

tres. The phenomena, therefore, that follows insolation depends much upon the nervous organism that is primarily involved, and their permanency depends on the extent of the injury inflicted. If the vaso-motor centres are involved, and the inhibitory nerves paralysed, great hyperæmia ensues, the heart's action is accelerated, the carotids beat violently, and the countenance is flushed. There is pain in the head and along the spine. The pupils are contracted, the breathing is hurried, and the skin is hot and dry.

In some cases we see almost the opposite of these effects. There is giddiness and vertigo; the pulse is feeble and slow; the countenance pale, the breathing slow, the skin cold, and there is insensibility and dilatation of the pupils.

From our own observations we are led to the belief that, viewing sun-stroke from the stand-point of the circulation, we have quite two classes of condition—one a hyperæmia, and the other an anæmia, though we should not lose sight of the fact that the primary infliction is upon some part of the nervous system.

Many authors have evidently mistaken venous for arterial injection. When the capillaries are empty the blood is crowded into the veins, and in a flushed countenance there is increased arterial impulse.

At the outset there is doubtless great hyperæmia of the pia mater and brain, but post-mortems have failed to show this condition after death; on the contrary, extreme anæmia of the pia and brain has been present, with oedematous infiltration and great distension of the venous system. The arteries and veins are influenced according to the intensity of impression on the nervous system, and according to the special nerve centres involved.

In the treatment of insolation a few general rules are applicable, but it does not seem that all are adapted to a like treatment.

The patient should at once be carried to a cool, shady spot, as near as possible, and the clothing should be loosened or removed. In cities it is customary for the police to be on the watch for such cases, and when found they are loaded into the ambulance and run into the dispensary, though, probably, this institution is two or three miles distant. Safer it would be to leave the patient in some quiet shade, and the services of a physician near at hand be obtained. The argument, however, in these cases is that the dispensary is well provided with therapeutical means and appliances.

At the dispensary they receive a thorough application of ice water and ice packs upon the chest, abdomen, head and neck.

In the hyperæmic conditions this is well enough, as the temperature may thus quickly, though suddenly, and perhaps forcibly, be lowered. Such treatment, however, would be highly detrimental in the anæmic conditions. I have seen cases, hyperæmic, in which I believe injury was done by carrying out this method too suddenly and forcibly. A reaction may be suddenly brought about, and a shock as if by a lightning-stroke.

Following an application of cold there may be reaction of fever, in some cases apoplexy, in others paralysis, and in still others blindness.

Fortunately for the dispensaries of cities, the majority of the sun-strokes are no more than whisky-strokes, in which cases the ice treatment is peculiarly applicable and effectual.

In the hyperæmic insulations, in connection with the cold applications, judiciously and effectually applied, there may be given bromide of soda, tincture of gelsemium or ergot. In no cases of this class should alcoholic stimulants be given. If there is insensibility, the green root tincture of gelsemium may be given hypodermically; it should be given in large doses, 40 to 60 drops. If the patient is suffering with severe pain in the head and back, 20 drops of Normal liquid ergot may be given, and repeated as indicated. The bromide of potash or soda may be left with the patient, to use at regular intervals.

In anæmic conditions stimulants are admissible. Hot applications to the feet and ammonia to the nostrils. If the patient is able to drink, beef-tea and brandy may be given. Brisk rubbing of the surface with mustard water, and friction with a coarse towel. Whisky or brandy hypodermatically.

2. CHOLERA MORBUS.—Cholera morbus, as a rule, is a disease which belongs to midsummer and early autumn. Occasionally it is observed in only isolated cases—again there is a great number in a short time. Hot seasons show such cases oftener than cool, but what especially predisposes to it is changeable weather—hot weather with dampness alternating with cooler weather, and cool nights after excessively warm days. It is closely connected with imprudence in diet and disturbances of digestion. A most frequent cause is bad



drinking water, or ice water after a long continued thirst; overloading the stomach with indigestible food, especially with green fruits or meats with commencing putrefaction. In other cases the affection may be induced by nervous disturbance, such as severe mental excitement. It is evident that the nerves of the gastric and intestinal parieties become irritated by the action of heat in connection with the fermentation of improper foods, and thus a peristaltic action of the intestines and vomiting ensues. The characteristics of the disease are too well-known to admit of a description here. Suffice it to say, that children as well as adults may take the disease, and in children quite young the disease manifests itself in symptoms that differ from what is usually termed *cholera infantum*. As a result of the constantly repeated vomiting, and the frequent, thin, watery, frothy, slimy, sour-smelling evacuations, the child weakens, the fontanelles sink, the cries weak, skin flabby and pale, eyes sunken, extremities cold, while the body is burning hot. Amid these symptoms collapse may suddenly supervene, and death take place in a very few hours.

In adult cases I meet with but little difficulty in checking the vomiting, purging, cramping and pain. In former years our treatment was more prolonged than now. Seldom ever do I make a second visit to a case of cholera morbus, and seldom are they necessitated in taking anything in the way of drugs upon the stomach. I administer at once a hypodermic injection of morphia and atropia, which invariably checks the disease—and checking it, it is curative. Additional aids may be resorted to, such as hot pediluvia and mustard to the abdomen. But often these are not resorted to. I administer the above injection, and leave the following prescription and instructions: R. Potassa bromidi, ℥ij.; tinct. opii, ℥ij.; tinct. capsicum, ℥j.; syrup rhei aromatic, q. s. ℥ij. M. Now, if the vomiting, cramping, etc., do not cease in half an hour from the hypodermic injection, start to the drug-store for the medicine in the prescription. In this city it will take about an hour from the time of the injection until the medicine is at hand. This may then be given in teaspoonful doses every half hour until all pain and crampings cease. Very seldom is the prescription filled, as the disease is checked in the half hour. In quite young children I do not use the hypodermic injection. The above prescription, however, answers

the purpose, in doses graded according to the amount of opium to the age. If a powder is preferred, capsicum, hydrastia, ipecac. and bicarbonate of soda may be combined, and administered with good effect.

3. **DYSENTERY.**—The dysenteric process is not, from an anatomical point of view, a specific affection. It consists of an inflammation of the intestine, of mild, moderate or severe character. Heat alone is not considered as the only predisposing agent in the development of the disease, but the disease depends on a combination of various circumstances—a certain climate, a certain temperature, a certain season, and a favorable situation. Sometimes it seems to depend on local causes. Sometimes the disease takes its way through certain neighborhoods, and passes through certain streets of cities, and epidemics have occurred in the spring and early part of summer, and even in mid-winter.

The question of contagiousness or non-contagiousness will not be discussed here, but every dejection may be regarded as dangerous. With regard to irritating food and ingesta of all kinds, even the ancients attributed the disease to rotten eatables, unripe fruits and impure water. The large intestines and cæcum are likely to retain poisonous substances for a great length of time, and these parts are especially liable to suffer from the irritation. Aside from the sporadic, epidemic and chronic varieties, the disease has two forms or grades, namely, the catarrhal and sero-purulent. It is not our province to enter into the distinctive details of our subject, but only to call attention to these facts to indicate necessary changes sometimes to be made in the treatment. Every physician has doubtless experienced the fact that a remedy that reaches the disease in one case does not do well in others; or, the remedy in one epidemic is not the remedy for another.

To impress these facts more closely, we refer to the fact of frequency of the stools. In the lightest cases there are from twelve to twenty discharges daily; in severe cases from fifty to sixty, and indeed sometimes as many as two hundred; so that the patient, in fact, never leaves the stool. The frequency of the dejection is in the ratio of severity—not so frequent when the dysentery begins in the cæcum, and more frequent as the irritation extends downwards. Diminished in frequency is a favorable omen, and a diminished

quantity adds to the gravity of the case. The more natural the fæces, the more favorable—mucous, blood, pus, serum and detritus are bad symptoms.

The patient should stay in bed: first, in order to preserve an even temperature, and secondly, for the purpose of keeping the bowels quiet. A bandage around the body gives rest to the viscera; a draft of mustard to the abdomen. The room should be warm, and chilling of the patient avoided. The most scrupulous cleanliness of bed and linen is necessary, the discharges immediately emptied and the vessel cleansed with a solution of bi-chloride of mercury, 1 to 1,000. The air of the room should be disinfected—a spray of vinegar is excellent for this purpose.

The diet should be nourishing, but thin and digestible: milk, beef-tea, mutton broth, oatmeal gruel or barley water. The drink should be warm; cold aggravates and arouses tenesmus.

*Ipecac.*—The use of ipecac in dysentery is pretty well known. Its mode of administration varies with different authors. Some give it for its emetic effects at the beginning of the disease; others in small doses throughout the disease; some in liquid form, others think it better in powder.

“In a correspondence from Bombay (*Progres. Medical*, March 26, 1887,), Dr. C. McDowall, physician in the British army of East India, speaks with great enthusiasm of the treatment of dysentery by *Ipecacuanha*. Like all other friends of this treatment, such as Docker, Ewart, Cunningham, Malun, etc., he says that it is *almost a specific*, renders the *disease easy to cure*, and *prevents the complication* most feared, viz., hepatic suppuration. But he emphasizes, particularly, ‘that the remedy be given early in the disease, at the proper time, and in the proper manner.’ The principles of the treatment are:

“1. To give a *large dose* of ipecac, *at least* thirty grains, for an adult.

“2. To *prepare* the stomach to accept and retain such a large dose by about 20 drops of laudanum *an hour before* giving the ipecac; also the application of a sinapism over the stomach, and to administer the ipecac in the form of large *pills*, not in solution. It must also be given at *night*, at the time of going to sleep, *never in the morning*, and *not during the day*, and *no liquid* is to be taken after the dose has been given.

"Sometimes the patient vomits a little mucous towards the morning hours, but the greater portion of the remedy has by that time been absorbed. This treatment must be renewed every night, and usually the improvement is marked by the third morning, or sooner; blood, mucous, pain, all three having disappeared. A disease which formerly made us despair now has lost its terror to us.

"The opium may be substituted by a hypodermic injection of morphia. Bismuth subnitrat. may be given during the day. Small doses of ipecac are more than useless; they have been tried in India for over two centuries without lessening the mortality in dysentery. Since more than twenty years the above has been adopted as almost the only treatment in British India, and has given the best results."

We believe that in dysentery the upper bowels are usually in a state of inaction, and that ipecac relieves this condition; that a patient with this disease can stand larger doses without emesis than ordinarily, and that it may be thus administered in dry powder or capsule without the opium as above described.

Astringents by way of the stomach are, as a rule, detrimental, though ipecac has the power to some extent of overcoming the astringent effects of opium. In some of the epidemics of dysentery I have found no better remedy than ipecac.

The old-fashioned remedies, such as the neutralizing cordial, white-liquid physic, castor oil and turpentine, have not been entirely satisfactory, though in some cases these have relieved.

*Bi-chloride of Mercury.*—The bi-chloride of mercury, third decimal trituration, ten grains dissolved in half a goblet of water and administered in teaspoonful doses every one or two hours, has been the remedy *par excellence* in some of the epidemics through which I have passed.

*Magnesia Sulphate.*—I believe, however, that I have had more success with magnesia sulphate than with any other remedy.

The dose of this drug is so small that it really looks insignificant; but by some means it changes the dysenteric discharges to natural fæces, and checks the tenesmus. Two drachms of this drug may be suspended in four ounces of water, and a teaspoonful given every hour; or, if much pain and tenesmus, I give it as follows: *R.* Magnesia sulph., ℥ij.; tinct. opii., ℥ij.; glycerine, ℥j.; aqua pura. ℥iij. *M.* Et. S. A teaspoonful, to be taken (adult) every one or two hours.

To this I sometimes add ipecac, aconite or other drugs, as indicated in special symptoms.

*Enemas.*—The local treatment of the lower part of the bowel is another important matter. Here the inflamed mucous membrane can be reached immediately. Linseed tea, starch with opium and demulcent vehicles are quite soothing. Suppositories with opium, and camphor with cocoa-butter are very agreeable.

Astringents are worthy of particular mention, such as opium, simaruba, rhatany, tannin, sulphate of zinc, alum and nitrate of silver, the latter of which from half a grain to two or three grains to four ounces of fluid.

I observe also that Dr. Fordyce, in the *Buffalo Medical and Surgical Journal*, speaks of the bi-chloride of mercury as an enema thus:

“The inflamed edematous condition of the mucous membrane, and subsequent obstruction to passages from the bowel, is well known. Remembering the relief often obtained from the application of hot water to inflamed surfaces, and the beneficial effects of solutions of bi-chloride of mercury upon ulcerated surfaces, particularly of mucous membrane, the thought occurred to me that if I could carry the hot water into the bowel, allowing it to flow back in sufficient quantity to remove for a distance from above all fecal and offending matter, I should accomplish two important objects—viz., relief of pain, and prevent absorption of poisonous matter up into the blood, the antiseptic properties of the bi-chloride aiding in this latter object. Upon this I acted, using a soft rubber tube attached to a Davidson’s syringe, passed carefully through this sensitive inflamed tissue so as to carry the liquid above the rectum into the colon. The patient was placed on his side, with an oil-cloth beneath him, and four or five quarts of water as hot as could be borne were injected and allowed to flow back with whatever substance had accumulated or remained in the bowel above. When the water returned clear, then a quart or more of the solution of bi-chloride, about 1 to 10,000, was injected, and allowed to return in the same manner. The effect was immediate relief of pain and tenesmus. A suppository of opium, one grain, was given and retained; and, for the first time after the attack, the patient slept seven hours, awakened refreshed, could take some food, and, if

perfectly still, was free from pain. In about twelve hours slight return of pain was felt, and the same treatment repeated. This treatment was continued, with the bi-chloride solution, four times, and the hot water alone was used for four or five days more, with suppositories of one grain of opium, morning and night, with perfect recovery, no medicine being administered by the stomach except one-grain doses of quinine three times per day."

### DEATH THROUGH THE PHYSIOLOGICAL PROCESSES.

A natural death is from old age alone. Man is born to die; but, by a strict law of nature, he should die as unconscious as he is at his birth.

Subjected at birth to an ordeal which, through a state of consciousness, would be more severe than the most torturing death, yet he sleeps through it all without the consciousness of either pain or pleasure—an easy birth. Why not an easy death?

The law of nature has been fulfilled without the exercise of our free-will, and without caprice or influence. By a strict law of nature man should die thus. His descent into *hades* should be silently through the gates of an easy death. "Let me die the death of the righteous" is the voice of millions; but this object can be obtained only through the most perfect conformity to all the laws which govern man's being.

Man is composed of spirit, mind and body. There are laws for the development of each of these elements. The spirit and mental faculties thrive better in a perfect physical structure. A bilious man makes a very poor Christian, and a much poorer minister. One who ministers to his spiritual nature alone can never secure the perfect euthanasia. A full conformity to the laws of man's spiritual, mental and physical being secures the natural life—the natural death.

To die in harmony with nature's laws, one lives till old age takes him away. Then,

"Like an old clock, worn out by beating time;  
The busy wheels of life stand still."

When the world accepts this lesson—when man lives in perfect obedience to his spiritual, mental and physical being—death will be practically banished.

Let us see. What are the possibilities of such a consummation? Never, perhaps, will this be accomplished in the aggregate; but individually it becomes possible. He who strives may obtain.

I have seen the man. He was old; he had neither pain, anger nor sorrow. Finally, his intellect began to lose its power; his ambition changed to a desire for repose; his ideas of space, time and duty lingered for a moment, then passed away. Step by step his powers waned. Happily, painlessly, carelessly, his moments flew. The merry sounds of youth at play, and the hum of the busy world only rocked him gently to sleep. On and on he passed, till at length his intellect ceased and consciousness was no more. This is the true euthanasia. She suggests no terror; she inflicts no pain; she brings no agony.

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### M. PASTEUR'S VICTORY.

Pasteur's experiments by inoculation as a preventive against rabies have been somewhat varied. When first announced to the French Academy of Science there was great applause, and from this arose the greatest enthusiasm in the medical profession and from thence to the public, until a world-wide belief brought thousands of patients to the office of the great scientist for inoculation. Pasteur was thus soon overrun with the work of inoculation, and as the quarters became inadequate, subscriptions poured in to provide for a larger establishment where the protective could be administered. The whole world was ablaze with enthusiasm until some of the patients died with hydrophobia. Pasteur had now to explain why his experiments proved ineffectual in these cases. The reasons given were: "Inoculation was made too late;" "a hydrophobic wolf bite is more virulent than that of a dog;" "the bite was on an exposed part of the body;" and "death did not occur from rabies." A reaction now took place—men of science began to call in question these experiments. It has been claimed and proven that many persons bitten by hydrophobic animals escape the disease without any preventive measures; that some of Pasteur's were not hydrophobic wounds; and that in some cases even his inoculation was to be blamed for the death of his patients. Thus came the battle among scientists; and to settle the question, the British Parliament appoints a Commission, and directs them to enquire into Pasteur's work and report.

This Commission was composed of such men as Sir James Paget, Sir Joseph Lister, Richard Quain, L. Brunton, Victor Horsley, and others, all men of rank, and hence a very high tribunal.

After investigating the practical value of inoculations upon Pasteur's patients, the Commission brings in the verdict that,

*"From the evidence of all of these facts, we think it certain that the inoculations practiced by M. Pasteur on persons bitten by rabid animals have prevented the occurrence of hydrophobia in a large proportion of those who, if they had not been so inoculated, would have died of that disease."*

In the face of this evidence, we ask has this Commission settled this question? So far as we are concerned, we think it is yet an open question.

The Austrian Commission, made by Grisch, hold that the Pasteur method is still too imperfect to insure to animals an immunity from rabies; that preventive inoculations practiced upon men who have been bitten by rabid dogs is not based upon well-determined facts; and that the preventive method of Pasteur may possibly produce rabies in a person previously healthy.

## THE INTERNATIONAL MEDICAL CONGRESS.

We clip the following from the *Weekly Medical Review* :

"International Medical Congress is open to all physicians and scientists in good standing. The opening day is Monday, September 5th. The banquet tendered by the Association of American Medical Editors to the foreign editors will be held at the Riggs House, Washington, D. C., the evening of September 5th, at 10 P. M. It will be a most elegant affair.

\* \* \* \* \*

"By September we hope to see all the wounded restored to the ranks, and all the deserters from the camp brought back, not in ambulance or chains and under guard, but cheerfully returning (led by silken cords of love, as it were) to welcome to our common country our common friends, who have been invited to accept the hospitality of our common household.

"We will put our family jars in the closet where we keep our skeletons (if we have any on hand in September), and set our best viands on the table. We will lock that closet, and bury that key or



throw it into the sea, and hang out the latchstrings to our hearts and homes, as Americans are wont to do when guests whom they esteem come to their doors.

"Americans know how to make up after a war, as well as how to fight. This the world knows. We are not fighting over who shall run the Congress now, but for funds to run it hospitably and creditably to the American good name for cordial hospitality.

"Send on your funds, gentlemen belligerents, to the finance committee, and your swords shall be turned into knives and forks and something for them to work on, and you shall make plowshare furrows into the affections of our coming guests, and pruning-hooks to cut off the asperities engendered by the incipient late-lamented unpleasantness among ourselves.

"Everybody is going to the Congress, and everyone is going there in good humor, too."

We desire to say, in this connection, that the National Eclectic Medical Association deemed it expedient, a year ago, to appoint delegates and alternates to this Congress. The Secretary, Alexander Wilder, and President, L. E. Russell, have sent to the appointed their certificates, and we hope that many will be present, though these certificates are not specially called for. Others in good standing can go as well, and we hope they will. I am sorry to say that I cannot be there. Duties at that time compel me to remain at home—a thing I regret exceedingly. Let others go, and from the above clippings we have reason to believe they will be received and entertained.

Owing to the probably crowded condition of the place of registration, it is recommended that members should register in advance, by sending \$10 to Dr. J. M. Toner, 615 Louisiana Ave., Washington, D. C., and enclose a stamp for return receipt or ticket of registration. This ticket of registration not only entitles to membership, but to the volumes of Transactions. The proceedings will, in all probability, fill three or four volumes, and will be worth the money, though you should fail to attend.

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—Or all agents employed to aid digestion, Lactopeptine has the reputation of being the most reliable and active. The medical journals of the United States, England and Canada endorse it in the treatment of the digestive ailments of childhood.

### **A BLUE-LICK PROBLEM.**

As an improvement on the Bergeon's method, we notice that Dr. Howe, with his usual desire to be on the "off-side" of all questions, advises consumptives to drink the water from the Blue-Lick Springs, which contains carbonic acid gas and sulphuretted hydrogen.

The authorities on the Bergeon treatment say it is necessary to administer about two gallons of the gas morning and evening (four gallons a day.).

Now, as we acknowledge the scholarly attainments of Dr. H., will he tell us how many barrels of Blue-Lick water one of these poor consumptives must drink at once to get the required amount of gas? We are treating some whose capacity seems insufficient. Possibly we have been injecting the wrong viscera.

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### **BOOK NOTICES.**

**ON THE PATHOLOGY AND TREATMENT OF GONORRHOEA AND SPERMATORRHOEA.**—By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Octavo, 484 pages. Illustrated. Price, bound in extra muslin, \$4.00. New York: Wm. Wood & Co.

The author has labored to give an exhaustive treatise upon the subjects named.

The history of gonorrhœa is somewhat amusing, as well as interesting. One is led to wonder how a disease so prevalent should be so poorly understood in ancient and mediæval times. A knowledge of its pathology is of quite modern date. The theory of the disease being a loss of semen was held till of very recent date, and of its being the same as syphilis is still held by a few of our modern writers.

In the treatment, every variety of medicine and drug are mentioned. The methods of different authors, from Sydenham down to the present, are given. The drugs used in modern times are mentioned, and an attempt to give their true value in the disease.

In like manner is spermatorrhœa treated. The book is a good one on these subjects.

**DISEASES OF THE FEMALE URETHRA AND BLADDER.**—By F. Winckel, M. D., of the Royal University, Munich; and **DISEASES OF THE VAGINA.**—By A. Breisky, M. D., of the Royal University, Vienna. Edited by Egbert H. Grandin, M. D., of New York. These two treatises constitute Vol. X. of *A Cyclopædia of Obstetrics and Gynecology* (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

After a historical retrospect, the author treats of the methods of examining the female urethra, and then enters into a treatise on the malformations and diseases of that organ. In like manner the deformities and diseases of the female bladder are treated. Then the diseases of the vagina. This volume comprises 393 pages, and is a valuable addition to the Cyclopædia.

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**A HANDBOOK OF GENERAL AND OPERATIVE GYNECOLOGY—Vol. I.**—By Dr. A. Hegar (University of Freiburg), and Dr. R. Kattenbach (University of Giessen) In two volumes. This is also Vol. VI. of *A Cyclopædia of Obstetrics and Gynecology* (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co. 352 pages, and is very concise.

In order to insure the completion of the *Encyclopædia of Obstetrics and Gynecology* in the early autumn, it is found convenient to issue the volumes as rapidly as they come from the hands of the translators and editor, without regard to their consecutive numbers. Vols. I., II., III., IV. and VI. are now out. Vol. V. will probably be the last one issued, in consequence of about half the volume being entirely original by the editor, Dr. Grandin. Vol. X. will be issued this month, Vol. IX. in July, Vol. VII. in August, and Vols. VIII., XI., XII. and V., in September and October, completing the work.

WM. WOOD & CO.

June 10th, 1887.

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**DISEASES OF THE HEART.**—By Dujardin Beaumetz, M. D. Translated by E. P. Hurd, M. D., and published by Geo. S. Davis, Detroit, being Vol. I. of *The Physicians' Leisure Library* for 1887.

This is an excellent treatise on this important and much neglected subject, and the price is within the reach of all. Single copies, 25 cts.; cloth, 50 cts.

**NOTES AND PERSONALS.**

—TRY *cannabis indica* in dysentery and diarrhoea.

—DR. SHEPARD, of Montreal, had a stone removed from his left kidney weighing four ounces and seven drachms.

—DR. GEO. T. JACKSON thinks that resorcin is useful in epitheliomas, as it has caused three cases to heal after four months' use.

—DR. KEYS thinks every part of the bladder can be illuminated with the electric light when a supra-pubic operation for stone is made.

—*Now, a new subscriber can have the balance of this year's JOURNAL gratis, if he will send us \$2.00 for 1888.*

—IN a case of extirpation of the uterus (*intra abdominal method*), it is reported that the patient died of sublimate poisoning, 1 to 6,000.

—LANDNER, in an attempt to cut for a stone in the bladder, accidentally removed a small portion of an enlarged prostate. The patient made a good recovery and could pass his urine freely. Now this operation is suggested for an enlarged prostate.

—IN a case of death it would be rather strange to find bacilli absent, for these little creatures are very punctual to duty—as scavengers.

—THE national tooth-pick association of Maine has contracted for enough tooth-picks to be made for 50 car-loads for the coming year.

—THE pauper importation into this country is becoming a nuisance. The steamship *Cephalonia*, of the Cunard Line, arrived at Boston, bringing among its passengers a pauper woman with every evidence of insanity. The Superintendent of the State Board of Lunacy and Charity refused her landing, and an order for her return was made. The officers of the ship, however, disposed of her secretly. The matter was brought to the notice of the proper authorities, and a fine of \$1,000 was imposed on the Cunard Steamship Company.

—BITCH's milk (*lac caninum*) is another remedy introduced by the homœopaths.

—OCCASIONALLY we come across a modern writer who is eager to revive the old fashion of blood-letting; but it is no use.

—DR. NORDELING thinks that santonin should be administered in some kind of oil, as in this it is not absorbed in the stomach, and hence has better vermifugal effect.

—CARBONATE of lime is now recommended for cancerous growths. Dr. Hood asserts that a three months' treatment will arrest the growth of carcinoma.

—AND now comes the "Hygienic College of Physicians and Surgeons." Is it a medical college? Well, it seems to be a rival of Christian Science. Its incorporators define disease as an abnormal vital action, caused either by an improper use of things normal, or by the presence of things abnormal. The materia medica of this new institution is going to embrace rest, food, sleep, drink, bathing, exercise, air, old clothes, and even the mental and emotional elements. The school is going to confer the degree of Doctor of Medicine, if it is allowed to do so, and if it can get students.

—AT the American Institute of Homœopathy, held at Saratoga Springs June last, Dr. Jno. E. James, of Philadelphia, while discussing the therapeutics of hip-disease, said: "*Rhus.* acts best on the *right* hip, and *stram.* has remarkable control over the disease in the *left*." Dr. J. C. Morgan, from the same city, also said: "*Stram.* has proved exceedingly useful in very many cases of disease of the *left* hip." These remarks remind us of a recent law we have seen for the determination of the sexes, deduced after the compilation and careful examination of a vast quantity of statistics: "If the mother, while pregnant, sees a bow-legged flea with a wart on its *left* knee, the child will be a male. If the wart is on the *right* knee, a female. In case the flea is cross-eyed and lacks its eye-teeth, these indications are reversed."

—When I came here four years ago, specific tinctures were not known in this part of the State; now they are kept by two druggists in this place alone, and can be had in almost all county seats in the southern part of the State. They are coming into use by all schools of medicine here, and give better satisfaction than any other medicine in the market. They make nice dilutions, and combine well with water in dispensing, and are very uniform in strength. I will continue to use specific medicines until I am convinced that there is something better.

J. M. KEYS, M. D.

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## ORIGINAL COMMUNICATIONS.

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### **PATHETISM.\***

BY E. YOUNKIN, M. D.

*Ladies and Gentlemen:*—I am truly happy in accepting the honor of addressing you on this occasion. The subject I have chosen is deeper, perhaps, than we can fathom; more intricate the further we go; and more profound, perhaps, than the subjects ordinarily discussed in this Society. If we can awaken an interest in psychological investigation, this lecture will have served its purpose.

The subject is *Pathetism*, that “agency by which one person, by manipulation, is said to produce in the person of another, emotion, feeling, passion, or other physical or mental effect—susceptibility of emotion or feeling of any kind from physical contact or sympathy with the will of another.” Hence, we have before us a kind of natural electrical current, which seems to pervade, to a greater or lesser extent, all human nature; which, to my mind, gives evidence of a physical consciousness independent of a mere mental volition.

Some thirty or forty years ago, the great excitement among thinking minds was the manipulations of that peculiar mental phenomenon known as vital mesmerism or animal magnetism. It engaged the attention of the scientific minds, and whilst they satisfied them-

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\*A Lecture delivered before the Academy of Science.

selves as to the truthfulness of such effects, they were unable to offer any reasonable explanation of the occurrences. The mysteries that have surrounded the subject have become a covert for the less-informed, who, seeking to impose upon the credulity of the people, have rushed into the Temple of Medicine to hide their own defects, and to a very considerable extent have brought disrepute upon the subject and also upon the healing art.

The existence of such an element, or perhaps we should say such a law, is now generally recognized by scientific men, and ought to be made available in the science of curing disease, but it must first be wrenched from the hands of the designing impostor.

You have often observed the smile of the infant responding instinctively to the smile of its mother. You have felt a difficulty in keeping your own face straight while attentively contemplating the portrait of a smiling person. You have no doubt been in quiet company wherein one individual began to *yawn*, and how soon the whole crowd yawned, as if wafted by contagion. The little child at play begins to hiccough, and soon the company of children are troubled in the same way. So also with sighing and weeping. These commonly observed occurrences prove the existence of the laws of pathetism. It is widely diffused as a natural, spontaneous occurrence, but few people who have not experienced its effects, and none there are who are not susceptible to it, although their susceptibilities may be masked under ordinary circumstances. It is almost impossible to reflect on any mode of expression but our countenances will have a certain tendency to conform to it. If a person is in sympathy with any other person, the character will be impressed in a greater or lesser degree in the ratio of the sympathy.

Moral pathetism is that property of our passions that excites like passions in others, as they are more or less predisposed to them. It is seen in all the moral or religious systems. The adherents will partake largely of the characteristics of their predecessors. Every system carries in it the marks of its founder, and its subjects will partake largely of the nature of the system. This is so apparent, that some people, professing to be judges, claim to tell the peculiar religious characteristics of the individual. Indeed, you can trace these characteristics in all systems, both moral and immoral. Bad examples partake of the humanisms. These become so

prompt and thorough, and in some way so automatic, as often to be seemingly irresistible.

It is observed that when a crime is committed, and is surrounded with dramatic circumstances—is published abroad, and made a matter of general comment—there is a certain number of similar crimes soon to follow. People whose minds are not well fortified by strict morality and education against the allurements of such examples, and whose slumbering passions only await the occasion, will be stirred up and spurred to commit similar deeds.

Some peculiar form of murder, some new process of poisoning, or some original way of disposing of a corpse, soon gives occasion to similar circumstances. It is a fact that criminal acts proceeding from hate, revenge, the love of money, summon forth in a certain class a spirit of emulation. It were better to absolutely forbid the publication of criminal acts, and to interdict the performance of plays wherein wickedness and crime are portrayed for the gratification of the idle spectators' morbid curiosity. If we disseminate examples of outrage and disorder, we must expect to reap a harvest of crime and insanity. I believe we should heartily second the suggestion of M. Bouchet, who authoritatively says that "instead of feasting upon public recitals so dangerous to common weal, we should rather found a moral pest-house, to which should be committed, so soon as they make their appearance, those rascalities whose contagiousness is now beyond question."

There is also an epidemic of suicide, which may be seen quite frequently in history. The case of the young women of Miletus, as related by Plutarch, may be familiar to some present. One of these young women hung herself, and immediately a number of her associates made way with themselves in a similar manner. An ancient historian of Marseilles records an epidemic of suicide which raged among the young women of that place. In 1793 the city of Versailles had 1,300 deaths by suicide, which began with a suicide of a romantic nature. In the beginning of the present century an epidemic of suicide destroyed large numbers in England, France and Germany, the victims of which had conceived a disgust for life from the reading of a melancholic romance, coupled with precocious over-indulgences of pleasure. A still stranger epidemic is that of the infanticide, which prevailed in Paris at the commencement of



this century, which seemed to grow out of the publication of the history of Madame Cornier, who, under the influence of infanticidal monomania, had murdered her own child, under circumstances that made an impression on a certain number of mothers, so that women who were sincerely attached to their offspring were seized with a desire to get rid of them.

There is also a pathetism moral in its nature and tendency, which during the mediæval ages was put to religious uses. Those who practiced it were ignorant of its source, and being mysterious in character, they could do no better than to attribute the phenomena to the direct power of God. Barton W. Stone, some sixty years ago, came across some of these peculiar occurrences. They seemed to appear under his own ministrations, and were just as mysterious to him as to all others. He describes them as jerking, gazing, laughing, etc. Some women, whose hair would come loose from its moorings—in the jerking convulsion the ends of the hair would crack like a whip.

In 1861, in the parish of Montmartre, three young girls, while preparing for their first communion, became unconscious, and were seized with general convulsions. The next day three others were seized; the third day still others; on the fourth day there were thirty-two; and on the fifth day still others. So that within forty days there were seventy-five young ladies, out of one hundred and fifty, who fell to the floor with a shriek, and with evident manifestations of this moral pathetism.

In 1848, in the city of Paris, in a shop where four hundred women were employed, one day one of them turned pale and fell to the floor, her limbs convulsed and her jaws set. Within two hours thirty women were seized in the same way; and by the fourth day there were one hundred and fifteen victims to this pathetism.

I have seen this peculiar phenomenon myself, and have watched it for hours at a time, and would be glad to here record my own observations and investigations, but space forbids. But from these considerations I arrive at the following conclusion: *That passions, whether good or bad, are contagious, and that this susceptibility is dependent upon the laws of pathetism.*

Now, by your permission, I will proceed to notice and describe the various manifestations produced either by mental effect, or by one individual acting upon another.

If you will try the experiment of drawing the points of the fingers of your right hand, without contact, but very near, over the hands of several persons, downward from the wrist, the hands being held with the palms upward, and your fingers either all abreast or following each other, repeating this slowly several times, you will find one or more persons distinctly perceiving a peculiar sensation, which is not always the same in different persons. Some will feel a slight warmth; others a coolness; some a tingling; others a numbness and pricking sensation. Now take one of the most sensitive, and you can develop the influence, either by passes or by fixing the thumbs of the subject against the thumbs of the operator, with the eyes fixed and mind concentrated. The patient should be entirely passive and of a willing state of mind, though faith is not an absolute requisite; but a *bona fide* passivity, with intense concentration, on the part of both the actor and the one acted upon, is necessary.

Intent gazing alone by both parties often produces these sensations. This method was practiced by Mr. Louis. Dr. Darling had his subjects gazing intently upon a small object in the hand. These are some of the means by which a perfect hypnotism and even unconsciousness can be produced.

Now notice some of the phenomena. There is at first a twitching of the eye-lids and a drooping, as if in natural sleep. Sometimes the eyes remain open, and a seeming veil is drawn before them. Consciousness is suddenly gone, and upon awaking the patient has no idea of the length of time expired, nor what occurred during the time. He awakens with a deep sigh, and rather suddenly. While the sleeper may be unconscious, at the same time he may be actively engaged in thinking, observing and speaking. Many very beautiful phenomena occur in the conscious state, but to produce them in that state we must operate in a peculiar way, whereas by operating as above described, sleep is produced in its unconscious condition.

The state of somnambulism is a calm undisturbed sleep. That is, it is not broken by gleams of consciousness. It may be produced by artificial means, by some power brought to bear upon the human body from without, or it may appear as a spontaneous, natural occurrence. The one is natural, the other artificial. They

differ, just as the natural sleep differs from sleep produced by narcotic drugs. Unable to understand these wonderful phenomena, and not willing to leave the matter rest unexplained, the ignorant, for want of a better solution, have attributed these mysterious productions to the evidences and manifestations of the spirits of the departed; and hence from the ignorance of the laws of pathetism has grown the hideous lie of Spiritualism. In consequence of this, there is a strange disinclination to believe in the possibility of an artificial somnambulism, lest some should attribute it to the manipulations of their friends who had "shuffled off this mortal coil." But a proper understanding of the subject will soon strip spiritism of all its phenomena, and leave it without a single garb to hide its shivering deformity.

The somnambulist will answer when spoken to, and answer rationally and sensibly. He doubts, and feels anxious not to affirm or deny anything of which he is not certain. He rises and walks with security. He is aware of the presence of objects, and possesses some means not common in the ordinary state. His eyes may be closed, or, if open, they are usually turned upward and insensible to light. There is great latitude in the symptoms. Spontaneous somnambulism is somewhat frequent, and is observed to occur mainly during the hours of sleep, yet some have been known to fall victims to it during the day. He may hear with increased acuteness, and that to an extent apparently marvelous, but in some cases no sound, however loud, was heard. There is usually a change in the countenance, a change in the manners and voice. The lower animal propensities are laid to rest, and the intellect or higher senses shine forth with a lustre that is undiminished by aught that is mean and low. The countenance acquires a most lovely expression, surpassing the touch of the greatest artist in their pictures of angels. The voice is soft and plaintive, as if mellowed by heavenly zephyrs.

As a rule, the subject does not remember after awaking what he may have seen, tasted, heard, spoken or done. He finds great difficulty in naming persons or things. He can define or describe, but cannot or will not name them. He loses his own identity, so that he cannot even tell his own name. With closed eyes, he will speak as if he saw, and the greater the effort to open the eyes the more fixed will be the lids. He feels objects with his hands, and

by the acuteness of the touch, or some other means, he will describe them as if he saw them. He places them on his forehead or epigastrium, and then describes them with the most wonderful precision. Here then is the dawning of *Clairvoyance*, a subject which we must reserve for a paper upon some other occasion.

I will now relate to you a case of somnambulism, the facts of which are well-authenticated and published in the *Chicago Medical Journal* some fifteen years ago. The subject was a student of the old Indiana Medical College, at Laporte, in 1849, and a graduate of Ann Arbor, Michigan. He entered upon the medical practice at Howard, Michigan. During the war he was surgeon in the army. The first time he was known to walk in his sleep was in 1847, and his first attempt was an unfortunate one, as he fell into a stairway, injuring himself, though afterwards recovered. He was an enthusiast in music, and, in 1847, a somewhat dilapidated bass viol, which served as a kind of heirloom in the family where he was boarding, stood in the corner of one of the rooms. On account of its antiquity the keys were useless without first being wetted, but the doctor spared no pains in learning to command its notes and learn to play. His somnambulistic walks would lead him from his own room to where the bass viol stood in the room adjacent, and the family would be awakened by the tuning-up prelude, mingled with a slipping of the old keys and quiet objurgations upon his part. Sometimes the bridge would fall or the strings snap, but he would repair the damages, tune up, and execute all the variations of music. All this was done in total darkness. Sometimes the parties about the house would enter the room with a light, but he would take no notice of it, and, if spoken to, he would answer in brief monosyllables, still playing with purest tone.

While attending lectures at Ann Arbor, the Professor on Physiology requested this gentleman upon one occasion to enlarge some drawings illustrative of minute anatomy, upon which he desired some larger plates than those afforded in Carpenter's Physiology. The professor desired an enlarged view of the cuts showing the tubular arrangement of the kidneys, and one evening previous to the day of his lecture he requested this student to draw them up. The somnambulist had an engagement that evening, but promised to attend to it the next morning. During the night he arose, played

a few tunes on the guitar, sang a song, and then arranged the drawing paper, prepared the India ink and brushes, took the parallels and pencil, laid off his spaces and completed the figures.

Shortly after this, he went to spend a night with a fellow-student, but a little after midnight he arose, dressed himself and went out, followed by the other gentleman, walked down to the Exchange Hotel, where there were a number of his acquaintances awaiting a train of cars. Some of his friends, having seen him in that condition before, watched his movements. On being invited, he took a glass of ale, and then remarked that he would only have time to get home to dinner before the afternoon lecture. He went to his boarding house and asked if dinner was ready, and seemed astonished that it was not; he then said he would get a drink of water and be off, for old Professor D. would be mad if he was too late. He walked into the kitchen, got his drink, looked up at the clock, although it was dark, remarked the time, and started for the door. His room-mate then proposed to take a game of euchre, as he thought there was plenty of time; he seemed pleased at this, took off his coat, dealt the cards in his turn, and played according to Hoyle. In one hand spades were trumps and he held the jack of clubs. Clubs being led, he first threw down this jack, then quickly picked it up, saying: "I forgot that was the left bower." And, notwithstanding the tricks and devices of his comrades, he beat them in the game; after which he was aroused from his sleep by water thrown upon him.

In 1860 or '61, when in his practice, he had a patient some two miles distant, about which he was very anxious. It was in the coldest of winter. One evening he found his patient in a very unsatisfactory condition, and remarked to the family that if he did not find him better the next visit, he would change the medicine. On rising the next morning, he went to the barn to put his horse into the cutter. He was perplexed in finding his rigging somewhat misplaced, but supposed that some one had thrown them about in search of a missing article.

On visiting the patient, he was gratified in finding a marked improvement. He inquired when the improvement commenced, and was answered, "Immediately after taking the powders which he had given in the night." The truth flashed across him at once that he must have been there in the night. Concealing his emotion,

he inquired, with a careless indifference: "About what time was it when I was here?" They replied: "About two o'clock." This proved to have been the case, as he afterwards was told by the family where he boarded.

Other peculiar incidents in the life of this individual could be mentioned, but enough for the present. Thus may be seen certain automatic mental actions—acts carried on without the faculty of consciousness. There is a physical volition and a mental volition—a physical consciousness and a mental consciousness.

Let us now refer to a mental work which sometimes occurs in calculation, in the writing of an essay, in the reading of a book, in the composition of music, painting, etc. Here the mind will be arranging itself during intervals of rest, either in sleep or wakefulness, rolling before us, upon the mental canvas, new forms and objects, taking new shapes, differing so much from former views that we are compelled to throw away the old and accept the new. It is as though some fairy came in the night and unraveled the tangled skeins of thought, and spread them out neatly before us. This is done, either asleep or awake, and they happen with the healthiest of individuals with as much regularity as the household where the chairs and tables are arranged for the family in their daily repast.

Again, there is a mysterious faculty, possessed by some persons, of setting over-night a kind of mental alarm clock and awaking at will at an unaccustomed hour. Were we up and about our usual business, without hearing or seeing a time-piece or looking out at the stars or at the dawn, but few could tell within two or three hours of the time. Or if we were asleep and dreaming, with no intention of rising, the lapse of hours would be unknown to us. The count of time in dreams is altogether different from that of our waking life; and we dream in a few seconds what seems to be the events of years. Nevertheless, under the condition of sleep, when prefaced by a resolution to waken at a special time, we arrive at a knowledge of time unattainable to us, either when awake or asleep, without a prior resolution.

Such then are some of the most striking instances of pathetism; but the same power is evidently at work during half our lives, in a way that attracts no attention, simply because it has become so common.

[TO BE CONTINUED.]

**GELSEMINUM.**

BY E. R. WATERHOUSE, M. D.

Of course, we all use gelseminum, some more, some less. In this we have a remedy that will repay still further careful study and investigation by each individual practitioner, and many will be surprised at the new points of usefulness developed.

To me this is by far the most valuable single remedy at my command, meeting, as it does, a larger number of important therapeutic indications, than any other. There seems to be conflicting opinions among our most able medical writers regarding its narcotic properties. I have heard the statement from our college rostrums, that it "was a very dangerous drug and should be used with caution." I have used it in all sized doses, compatible with reason, and regard it a safe and reliable medicine, as free from dangerous conditions as almost any other remedy in our pocket-case.

I will give an instance of poison from arsenic where gelseminum was the price of the young man's life.

A young man 22 years of age took six grains of arsenious acid, presumably with suicidal intent; he went to bed as usual soon after, but within a short time he was taken violently ill, vomiting and cramping, which lasted through the night; he objected to a physician being called, saying that it was only an attack of cholera morbus; in the morning he felt better, but within a few hours he grew rapidly worse and I was called. Found him with a bloated countenance, unconscious, pulse 88 per minute, the spasmodic action was very severe, and we expected death at any moment. It had then been over eighteen hours since the toxic agent was taken, and to make use of the reputed antidote — hydrated peroxide of iron — was to lose valuable time and reduce still further any existing chance for his recovery. I gave him a teaspoonful dose of tincture of gelseminum, giving smaller doses at short intervals, the spasms grew milder, and within two hours were entirely relieved. The patient being so completely relaxed that he was unable to open his eyes or to hold his urine, he soon dropped into a quiet sleep, his pulse counting 58. After sleeping three or four hours it was found impossible to arouse him, a dose of atropia was given hypodermically, and within half an hour he opened his eyes and asked for water. There were no more alarming symptoms in his case and gradual im-



provement followed. There was very severe muscular soreness, and troublesome gastric disturbances from the corrosive action of the poison, that did not subside for weeks.

Could any one name a remedy that would have accomplished as much under the same conditions. Its anti-spasmodic action makes it the often indicated remedy in spasmodic conditions of childhood. Coughs, of a spasmodic nature, asthma, pain, when accompanied by any undue constriction, hysteria. I recently relieved a case of ovarian neuralgia, with a single dose of 10 drops of the tincture, where the amount of morphine necessary to quiet the pain in a former attack was so large as to endanger life from narcotism.

Within the last year I have successfully treated two cases of insanity, one of which was of four years standing, of a very violent nature, that had resisted the efforts of several physicians. In each of these cases there was hyperæmia of the brain and spinal cord, which gelseminum relieved and complete recovery followed.

It is also a remedy for palpitation of the heart. In irritation of the cardiac nerves from rheumatism; in dysmenorrhea, gonorrhea, and diseases of the bladder. In protracted labor it is often our most reliable aid. One drop doses of the tincture will cure the majority of cases of writers' palsey, if continued for a reasonable length of time.

My friend, Dr. E. J. Ely, of Medina, Mich., reports two cases of sunstroke with very alarming conditions, that yielded to this remedy. Also, it should be thought of in toothache, tetanus, rheumatism, gout, nephritis and leucorrhea. In eye troubles it is often indicated such as in conjunctivitis, muscular-asthedopia, iritis, etc., and so may its uses be enumerated to an indefinite length.

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## **"FASHION."**

BY H. L. HENDERSON, M. D.

If I were to put the question to you in this way: "Are doctors men of fashion?" you would be very likely to answer no; they are too sensible and do not have time to bother with such frivolous matters. Yet in spite of their busy habits and boasted good sense, I question if there is any one class of men who are more abject slaves to "fashion" than an ordinary doctor. In the present case I do not refer to fashion as is meant by a particular styled coat, a certain



shaped hat or collar, nor a shoe with a certain shaped toe, but I refer to a far more objectionable thing, that of worshipping at the shrine of Fashion in the practice of medicine. Many men who stand high on the ladder of fame prescribe certain medicines for their patients, simply because it is fashionable to use this or that remedy.

Another class will use antiseptics in their surgical practice, and may even go so far as to put on the whole Listerian paraphernalia, and know no more of the principles of their dressings and the pathology of sepsis than they know of the inhabitants of Jupiter; still it is fashionable to use antiseptics, and they do it without once stopping to consider the underlying principle of the various steps to the procedure.

One will treat certain diseases by certain methods, because some man who assumes to be "authority" has advocated the method, never stopping to consider if this or that will suit his particular patient; he simply sees others following the fashion and he follows too. You poor thing! A monkey would do the same thing, and be applauded for being a smart brute. Another fellow discovers that it has become fashionable to be a gynæcologist; accordingly he proceeds to ascribe every ache and pain that a woman may complain of to laceration, ruptures, versions and many other senseless absurdities, introduce speculum, pessaries and supporter. He sews up imaginary ruptures and lacerations until his poor victim wishes a thousand times that death would come and take her from her tormentor. This is very "fashionable."

Many fall into a fashion of professional jealousies, and all manner of cowardly back-biting, stabs in the back of unsuspecting professional brethren, and put the satanic majesty to shame in the bitterness of their spleen. All these things indicate that doctors are sometimes "crippled in the head," and should start a new fashion of thinking for themselves and think in straight lines; it may be a little painful at first, but it will soon become bearable; they should strive to not get astride of some miserable, sway-backed, spavined hobby and ride it to death; they should lift themselves above the bog of jealousy and place themselves on that high plane of integrity and honor where they would be worthy of the title they bear.

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**DYSMENORRHEA.**

BY JNO. ALLEN, M. D.

Dysmenorrhea, *i. e.*, difficult or painful menstruation, is the definition usually given. Our best authorities differ somewhat as to the primary cause or condition. King says: "It appears to be owing to a morbidly irritable state of the uterus or the nerves connected with it." This is far from satisfactory to one who wishes to find the primary cause or condition, in order to commence at the root of the trouble. Now, what does he mean by a "morbidly irritable state of the uterus?" A diseased state — a state of excessive action or increase in the circulation or sensibility of the membrane involved. All of which, in my opinion, is only secondary, or the result rather than the cause.

*Kinds of Dysmenorrhea: Neuralgic, Inflammatory and Mechanical.*

*Neuralgic* is a term applied to that condition where the headache more or less intense precedes the appearance of the menstrual flow. One side of the head only may be affected, or the pain may be at intervals, or the back, uterine or pelvic regions, inside of thighs, may be alternately affected. There are times of rest or ease. Often the pain is so severe as to be almost unbearable. The duration of this condition varies from three to twelve hours. When the catamenia is well established, the symptoms above mentioned to a great extent disappear. During these efforts of nature to do that which is natural, in order to overcome all complications and obstructions, the nervous system often suffers very materially. The patient will, in most cases, be very restless, petulant, etc., even hysterical. If the disease is allowed to continue without treatment, or if the efforts of nature are not directed or assisted, permanent impairment will be the result, when the woman will make up her mind to suffer (for 'tis her nature to) till the change of life, which she longs and prays for.

*Inflammatory Dysmenorrhea.* — This term is not plain to my mind as a distinct kind of condition. The term would imply inflammation of the mucuous lining of the uterus, but the described symptoms are then misleading — as is stated by some authorities. Rigors, hot skin, flushed face, quick bounding pulse, high temperature, flow when established is more profuse or abundant than in the neuralgic form. When the flow is well established the symptoms mentioned

above pass away. Examination shows the congested condition of cervix uteri; and, no doubt, if our examination could be carried farther we would find that the uterus and all mucous lining connected therewith congested; but why congested? It is also stated that ulceration of the cervix, prolapsus and uterine leucorrhea are often present. Are these troubles the cause, or are they caused by the dysmenorrhea, or are they the primal cause? I think not. We pass to the other form.

*Mechanical or Obstructed Dysmenorrhea.*—The symptoms of this condition are not very unlike the preceding. The term itself (mechanical or obstructed) explains or defines this condition. It differs from *retentio mensium*, in that the fluid is ready to be expelled but cannot escape. The history of the case will assist in diagnosis, but nothing short of a thorough examination per vaginum and the use of the speculum will enable the physician to treat on a rational basis this form. The condition of the uterus must be ascertained, whether prolapsus, anteflexion, retroflexion or fibroid tumors are present; then remove the cause of obstruction.

*Causes.*—Violation of the laws of health, to wit: Exposure during menstruation, following abortion or child birth; tight lacing, thereby interfering with the circulation; a want of out-door and proper hygienic exercise, which by many, is considered vulgar. Therefore, we have an impeded venous circulation, the blood is not returned to the heart and lungs with the energy nature requires for aeration and oxidation; washing the broken down tissues from the body and assisting the natural metamorphosis of the whole body; result, the life-giving fluid which should give strength and energy to every part and organ of the body fails to be that food characterized by the saying fish, fowl and venison. But why this result on the uterus, causing a derangement of the functions thereof? I answer: 1st. The impoverished condition of the blood has not prepared the tissues for the great work required; it is noticed at this point because greater exertion or strain is expected to bring about the required result. 2d. Nature, ever true to duty, prepares the fluid and sends it forward, but when it reaches the capillaries ramifying every part of the uterus, which is found to be in a relaxed state, and instead of sending the fluid onward it suffers it to accumulate and the pressure on the weakened tissue continues. The

arterial circulation continues to force the life-giving fluid onward and the tissues so engorged or filled presses upon the nerves, interfering with the nerve action. Here, I think, we find the cause of the pain in the head, back and limbs. 3d. As the trouble continues the mucous membrane, which has not been properly nourished, but whose organs of secretion and excretion have become inactive, are not in a proper condition to let the blood, loaded as it is, in some cases with broken-down tissue, pass by the process of exosmosis. Now we have congestion. Should this condition continue long, certainly the general system would act in sympathy and we could see the signs thereof. The inflammatory action, should the trouble or condition reach that point, is only nature's way of relieving the congested vessels and tissues,

For treatment I will await the next issue of the JOURNAL.

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## WHAT I KNOW ABOUT DYSENTERY.

BY A. W. FOREMAN, M. D.

Apropos to your article on dysentery, in the August number of your JOURNAL, I wish to record my experience in the treatment of that disease. Twenty years ago this fall I was treating a very bad case, and with poor success. About the time I had lost all hope, an extract from a British medical journal fell under my eye, in which the effects of large doses of ipecacuanha were extolled very highly for the cure of that ailment. As nothing I had done resulted in any good, I resolved to try at once the ipecac. I weighed out 60 grains and divided into three unequal doses of 30, 20 and 10 grains respectively, and gave them one hour apart in the order named, being careful to allow the patient no more water than just enough to aid in swallowing the powder. To my surprise and pleasure the patient showed only a little nausea, and in a few hours had a copious evacuation from the upper bowel per rectum, unaccompanied with tenismus. From this time on the patient improved steadily and in an incredibly short time was convalescent.

This present summer I have treated an unusual number of cases of dysentery, every one of which has been treated with large doses of ipecacuanha, with the most gratifying results. During all these twenty years it has been my sheet anchor and it has never failed me, for I have not lost a case. I have, however, changed my method of

administration. I now only give one dose per day, usually from 30 to 40 grains. It may be given in capsules, or if the patient is a child it may be mixed in a teaspoonful of molasses. It is well enough to guard against the possibilities of emesis, although I have never had a patient throw up the medicine. Neither food nor drink should be taken for an hour or more before or after taking the medicine. The dose should be repeated each day until tenesmus ceases, which many times will succeed the first dose, and certainly will not extend beyond the third. I know of nothing in the whole range of medical practice that is so completely successful as this treatment for dysentery. It may be well to give a little gelseminum for the fever, and quinine as a tonic for convalescence. Beyond this I find little use for anything else. The result of the first dose is wonderfully gratifying. The tenesmus closes as if by magic, the pain and soreness leave the abdomen, the patient breaks out in a sweat, the tongue clears, almost, and before one is aware of it the patient is convalescent. It may be thought this is a glowing picture, but it is not brighter than the reality. Of course, the dose for a child should be proportioned to its age, the one given being for an adult.

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### GLEANINGS FROM THE REPORTS OF THE NINTH INTERNATIONAL MEDICAL CONGRESS.

From the daily *Medical Register* we extract the following items of interest. We care not to follow the resolutions, discussions, general preambles and preludes, and shall abbreviate the new features in some of the section work.

ON THE SECTION OF GENERAL MEDICINE.—*Antipyretics*.—Prof. A. B. Arnold, of Baltimore, presented the subject of "The Practice of Medicine at the Present Day." He spoke in high praise of the precision in medical diagnosis, and the invaluable pharmaceutical experiments. He referred to the depression of antipyretics and thought the best remedy yet was cold water when properly applied.

*Yellow Fever*.—Dr. Ignacio Alvaredo, from the Mexican Government, read a paper on "Yellow Fever." He attributed the disease to a microbe, and believes that the symptoms are due to disengagement of acid phosphate of soda, converted from the basic phosphate, or phospho-glycerine acid, set free from lecythin by the reaction produced by the microbe.

**Vaccination.**—Dr. Kerosi, of Buda-Pesth, read a paper on the "Preventive Power of Vaccination," giving a resume of his observations. Of 11,842 persons dying of various diseases, 1,839 were not vaccinated; of 1,293 dying of small-pox, 1,054 were not vaccinated. The death rate of vaccinated persons was shown to be four per cent. less than that of the unvaccinated. Dr. W. M. Whitmarsh, of England, read a paper on "Vaccination and Pasteur's Treatment." He described the Pasteur's treatment and exhibited the instruments of the French scientist, used in trephining rabbit's skulls. The speaker vigorously opposed Pasteur's claims, throwing doubt on his statistics in every part.

**Respiratory Organs.**—Prof. Geo. E. Stubbs read a paper on "The Rational Treatment of Diseases of the Respiratory Organs." He spoke specially of copaiba, used with an atomizer; also phenol and iodine.

**Diphtheria.**—Dr. James Grant gave an address on "Diphtheria." He begins the treatment with a mustard bath, applies tinct. mur. of iron and glycerine, one part to three, to the throat, and gives mild diaphoretics internally. The cases pursue a mild course, and in a few days the false membrane drops off. Out of sixty-five cases he had but two deaths.

**Fatty Heart.**—Dr. A. B. Arnold delivered an address on the treatment of dilated and fatty heart. He showed the sphygmographic tracings on the blackboard, gave a brief exposition of the pathology, and closed by recommending digitalis and strychnia, the latter in large doses.

**ON THE SECTION OF SURGERY.—Gun-Shot.**—Dr. C. J. Parkes, of Chicago, contributed a paper on "Gun-Shot Wounds of the Intestines." He spoke at length on the character of wounds and their actual condition among hidden organs. The size and shape of the bullet—the distance from the missile and the character of the weapon. As to the value of certain symptoms, he spoke of the evidence of perforation of the intestines, as given by the passage of blood by stools and in the urine. The rapidly forming tympanitis with absence of dullness, absence of abdominal respiration and the degree of shock.

Localized bulging of the abdominal wall usually meant deep, free bleeding. A line of tenderness might show the course of the ball.

Nausea and vomiting are important signs in perforation of intestines.

Where the kidney or ureter have been injured by a bullet, the kidney will have to be removed, in most cases, on account of the hemorrhage. Deep suture can be inserted in the spleen to check bleeding from that organ, and, if not, the organ may be removed.

Incisions for exploration should be made in the middle line. The continuous suture has not been properly appreciated. Where half the lumen of intestine has been destroyed it is possible to close with a single line of suture. Silk was better than cat-gut.

*Laparotomy.*—Dr. John Thomas presented a paper on “Three Hundred and Eighty-four Laparotomies for Various Diseases.” He said ventral hernia occurred in about ten per cent. of his cases. He prepared sponges antiseptically with strong bi-chloride solutions. He still used the steam spray in abdominal operations. An important thing is the electric light for examining dark corners in the abdominal cavity. Death after ovariectomy usually results from peritonitis and septicæmia. The tumors in these cases were from one pound to one hundred and twelve pounds. He did not use a clamp on the pedicle and seldom a ligature, but was satisfied with the actual cautery. Silk sutures for the abdominal wall and all muscular and fascial planes brought into apposition. He used drainage tubes less and less.

*Colotomy.*—Dr. J. M. Mathews read a paper on “When is Colotomy Justifiable.” Not justifiable in strictures within three and one-half inches of the anus, nor in cancer of the lower portion of the bowel, nor for tumors and abrasions which closed the bowel. Not justifiable in cases of congenital occlusion of the rectum.

Linear rectotomy should take the place of colotomy as a rule. Colotomy for cancer does not prolong life.

*Calculus.*—Dr. Geo. E. Post, of Beirut, Syria, read a paper on “Calculus in Syria.” He said that stone was very common in that country, and that in one day four children had been brought to him, from one village, with stone in the bladder. The native physicians of the “old school type” did not use instruments for examining the bladder, although they frequently performed the operation. Professional “stone cutters” went about with a bag of calculi over the shoulder as an advertisement.

Their way of operating was to insert two fingers in the rectum,



press the stone forward against the perineum and then cut directly down, by a median incision, on to the stone. The rectum was often cut and many troublesome fistulæ were seen.

*Operations on the Head.*—Dr. V. Senn read a paper on “Elastic Constriction of the Neck with Exclusion of the Trachea as a Means of Controlling Hemorrhage in Operations of the Head.” He said that surgery of the limbs had been revolutionized by Esmarch with his method of securing a bloodless field for work, and it was the speaker’s intention to assist in operations about the head by cutting off the blood supply temporarily. He cuts down to the trachea, passes an elastic ligature beneath the trachea and around the rest of the neck. Compression then being made, the circulation through the neck is stopped, except through the vertebræ arteries, and respiration is carried on easily.

*Iodol.*—Dr. Assakay, of France, read a paper in French on “Iodol in Surgery.” He said large wounds would unite by primary union without assistance from other antiseptics. This drug was particularly useful in suppurating open wounds, it retarded suppuration, deodorized the wound and hastened cicatrization. In ulcerating and gangrenous wounds iodol stops the process, and this action is well marked in some cases of chancre. Soft chancres are often rendered innocuous quickly under iodol. It is superior to iodoform because it is free from odor and has no toxic effect.

Doses of two grammes of iodol daily can be employed internally for a long time without producing any functional trouble. These doses give marvelous results in tertiary syphilis, and in the secondary type rapidly causes the symptoms to disappear. The drug aids nutrition and increases flesh and strength, particularly in cases of syphilitic malnutrition. In some acute infectious diseases, as erysipelas, it acts as an antipyretic and causes a rapid fall of temperature.

*Hip Joint.*—Dr. E. Owen, of London, read a paper on “Paracentesis of the Articulation in the Early Stages of Diseases of the Hip Joint.” He related the history of a case in which the hip joint rapidly filled with fluid and with accompanying disturbance. He aspirated the joint cavity, and not only was pain stopped, but the disease did not further develop; in two weeks the child was well.

*Intra-Capsular Bony Union.*—Dr. Carnochan presented a specimen of bony union of the neck of the femur in a patient aged seventy



years. He kept the patient in bed for nine months. Dr. Morris thought that in cases in which the artery of the ligamentum teres was preserved, in a patient of that age, union could occur, but that such a case would be an anomaly.

ON THE SECTION OF OBSTETRICS.—Dr. D. C. McCullam, of Montreal, read a paper on "Vicarious Menstruation." He specified three main characteristics: (1.) The absence of the flow from the uterus at the menstrual period; (2.) The eruption of blood from some other organ; (3.) The absence of any recognizable cause for the occurrence of hemorrhage from that organ.

Dr. Ira E. Oatman presented a brief paper on "The Treatment of Puerperal Eclampsia." He recommended immediate delivery. The stomach emptied by the administration of from forty to sixty grains each of magnesia and ipecacuanha, repeated in from thirty to forty minutes if necessary. The rectum emptied by enemata. Reliance then to be placed upon veratrum viride—eight drops of the saturated tincture. It may be repeated in six drop doses. If the pulse falls below forty, alcohol should be given to avoid too much depression.

Dr. Geo. W. Jones read a paper on "Dystocia from Rigidity of the Cervix and its Management." He classified the cases of rigidity as: (1.) Anatomical; (2.) Pathological; (3.) Spasmodic. The use of chloral in the spasmodic cases was condemned. Opium, ipecac, gossypium and gelsemium were recommended. Ipecac in particular acts primarily on the central nervous centers, and especially on those which control the circulation in the mucous membranes. It should be given in doses just within toleration—from one to five grains.

ON THE SECTION OF THERAPEUTICS AND MATERIA MEDICA.—Dr. M. Carter, of Waukena, Ill., read a paper on the "Medical Botany of the United States." He said that the therapeutical properties of plants are affected by their surroundings. Conium yields no conia in Scotland; cinchona grown in hot-houses is destitute of alkaloids; tannin-bearing trees yield most freely when exposed to the sunlight. Of the many new remedies, the American mistletoe and the black haw are of special value; the first a urethral sedative, the second for uterine irritations.

Dr. J. E. Stewart, of Delaware, read "A Proposed Investigation of

the *Materia Medica* of the World by the Government of the United States. A Plan to Promote Progress in the Science of Drugs." This is a most worthy and commendable suggestion. If the knowledge of drugs is to be a science it must be classified and protected by a changeless nomenclature.

*Chlorate of Potash.*—Dr. J. G. Sinclair Coghill said that the varying estimation in which chlorate of potash has been held is due to the prevalence of a false idea as to its supplying oxygen to the blood and also to its injudicious administration. As a salt exceedingly rich in oxygen it has, without decomposition, the valuable property *per se* of influencing to a considerable degree the nutrition and functional activity, by the various tissues and organs of the body. A remarkable influence upon the nutrition of the foetus has been demonstrated by its administration during the period of gestation. Its effects in preventing dyspnoea have been noticed by mountaineers; and the author has obtained excellent results in similar conditions, coming on in phthisis or chronic bronchitis. It is also a valuable tonic and stimulant in cases of cardiac debility, either organic or functional, also where the blood is impoverished, as in anæmia or chlorosis.

[CONTINUED.]

## POSTAL BRIEFS.

DEATH OF FŒTUS IN UTERO. — *Prof. E. Younkin, M.D.*: — I was recently called to wait upon Mrs. M. (mother of four children) in confinement. About one month before she had a severe attack of dysentery. At the same time her husband and one child died with the same disease. She is a confirmed morphine-eater, taking about ten grains at one dose. She was delivered of twins. The first born lived but one day, and the second one was not only dead when born, but considerably mortified. The liquor amnii was of the color of coffee, as though the meconium had been discharged after the death of the child. The question is: "Why did not simple maceration take place, instead of mortification, as there certainly could not have been any access of air to the child?" There were no constitutional symptoms in the mother. The labor was quite natural and she got up as well as ever. She said she never had a better time. Respectfully, F. A. REW, M. D.

**DEATH FROM LABOR.** — *Prof. E. Younkin.* — On the 18th day of February last I was called to see Mrs. Clay, aet. 22, second labor, and on making a digital examination I found the vertex presenting, os dilated to about the size of a silver dollar, soft parts dilated, cool and well lubricated. I assured the patient that she would have an easy time and in less than five minutes the child was born, followed in a few minutes by the placenta and membranes, and for an hour I found no abnormality of any kind, uterine contraction normal, wasting plenty but not too much. But about the time I was starting home she complained of pain in her stomach, though not severe, and while I was waiting to see the result she turned sick and vomited. I gave morphia  $\frac{1}{30}$  grain, which seemed to have the desired effect. Patient complained no more while I stayed (about two hours), and having a visit of twelve miles to make I left her at 9 a. m. When I returned home at 7 p. m. my wife told me that Mr. Clay had been after me and said his wife was not doing well. I hastened to the house, found Mrs. Clay in a comatose condition and hard to arouse, considerable gurgling in the chest with dullness on percussion over the entire chest, and vomiting of a bloody mucous about every half hour; cyanosis marked. I gave arom. spts. am. freely, but to no purpose. She died in a very short time. The nurse told me that she got on well until 12 m., three hours after I left, when she complained of pain in her stomach followed by vomiting, as before stated. Please let me know through the JOURNAL what was the matter and the remedy, if any. As I cannot find anything in any of my works on obstetrics relating to the case.

Respectfully,

DR. J. W. C. HINKLE.

*Answer.* — I don't know. Perhaps a congestion of the stomach or lungs. Possibly embolism, or the rupture of a blood vessel either in stomach or lungs. There are some cases that require a post-mortem to give the answer. I remember a case in my own practice. Obstetrics, first child, labor tedious, delivered without instruments. Soon after delivery patient became restless, looked anxious, pain in the upper extremities and abdomen. Great distress. Hardly knew what was hurting her. She tossed from one side of the bed to the other. Countenance flushed, pulse small and quick. Pain between the shoulders. She continued in this uneasy way for twelve hours and died. After death the back of the neck and between the

shoulders were livid. I imagined a rupture or embolism of the vertebral artery occasioned by the throes of labor, but I don't know. I wish I had used the forceps. I wish I had made a post-mortem.

Since writing the above, I have received the Journal of "The American Medical Association," of September 10th, in which we find an article from the pen of Fayette Dunlap, M. D., on "Sudden Death in Labor and Childbed." The writer recounts a number of cases of death occurring in a similar manner to the above, and, in seeking the cause of death, he passes over a consideration of rupture of the uterus, apoplexy, the snapping asunder of an aneurism and post-partum hemorrhage, and, following the example of Lusk, confines himself to entrance of air into the lungs, shock, exhaustion and embolism. At the post-mortem of Dr. Liebman's case, twenty-four hours after death there was "pale redish-brown blood, mingled with bubbles of air, found in the uterine veins, vena cava, lungs, and especially in the pulmonary artery. In the vena cava columns of blood and air alternated." Dunlap says that Kesmasky makes the following statement in his report: "The patient lay upon her left side, with her knees drawn up in nearly the Sims' position, with the vulva elevated above the cavity of the abdomen. As the membrane ruptured, there was a sudden diminution of the intra-abdominal pressure, so that the air entered through the open vulva, between the collapsed membranes and the uterus. The ensuing retraction of the uterus forced the head of the os externum, and caused the placental separation. The next contraction caused the uterine air to escape by the only channel that was possible, viz, : by the open mouths of the placental veins."—[EDITOR.

**AILANTHUS GLANDULOSA.**—About one year ago an old gentleman came to my office to inquire whether I had anything in the shape of a tincture made from the "Paradise Tree;" said he, "I have forgotten the names you doctors called it by." I answered in the negative, and asked what he wanted with it. He said that he had been a sufferer from rheumatism for years and was unable to obtain relief until one of "your kind of doctors gave me a bottle of this for my wife, who also had rheumatism; it relieved her so quickly that I tried it, and in two days was able to go to work at my trade. (He was a carpenter.) Having not had rheumatism since, we keep

it in the house all the time, and when we feel an attack approaching a few doses of this medicine sets all things aright." I at once ordered four ounces of the drug for the old gentleman from the Wm. S. M. Chem. Co., and concluded to give it a trial.

*Case 1.* — Wm. C., foreman on railroad, lumbago, "rheumatism in my back and hips," as he stated; had been using quinine with no benefit; I refused to continue quinine, but gave instead: *R.* Fl. ex. ailanthus gland., ʒij., water, ʒiv. *M.* et. sig. teaspoonful every four hours for two days, after that three times a day. Saw him again five days afterward, when he said, "That d——d Missouri water got there." Received a letter a few weeks ago requesting me to send him another bottle "of that same medicine you gave me for my back last fall."

*Case 2.* — Mike Cook, laborer on railroad, said, "An' sure, docthor, and I have the rheumatics in me shoulder; could ye gave me something fur that?" I gave him the same prescription, with same directions. His shoulder gave him no more trouble, notwithstanding he "struck the drill" all winter.

I have prescribed this agent in a large number of cases of muscular pains or rheumatism, and with uniform success. I am well pleased with this agent so far. I have found that it is useful in those cases where cimicifuga is indicated, and I believe superior to that agent in a great many instances. I have not observed any other special indications for ailanthus than muscular pains. Would like to hear from others who have tried this remedy what their experience has been. Why not have a section of the JOURNAL devoted each month to materia medica and therapeutics? I think that it would be very profitable to we of the profession who are young in the cause. What say you, Mr. Editor? MONT. M. HAMLIN.

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ORANGE BLOSSOM.—We have an occasional inquiry for the composition of a vaginal suppository by the name of "Orange Blossom." The formula as given by Stearns (*New Idea*, November, 1885), is as follows: *R.* Zinc sulphate, ʒj.; alum, gr. xv.; cocoa butter, ʒiij.; white wax, ʒss.; oil sweet almonds, ʒjss.; extract henbane, gr. j. It is an oblong suppository, one inch long by one and one-half inches wide and one-half inch thick (32 grs.), of a rancid, fatty odor and astringent, metallic taste. The reaction very acid. (Grimes.)

## **SELECTIONS.**

### **SYMPTOMS AND THEIR INDICATIONS.**

Convulsions occur in apoplexy, epilepsy and kidney diseases, and in digestive disorders and teething in children. Shivering fits usher in fevers, and indicate danger during illness. Pulse is weak in case of fainting, shock, collapse and hemorrhage. Irregular in heart diseases. Slow and laboring in cases of apoplexy and diseases causing pressure of the brain. Pupils of the eye are fixed and dilated in paralysis and apoplexy. Unequal in size in serious disease or injury affecting one side of the brain. Contracted in cases of opium-poisoning and congestion or inflammation of the brain. Violent fits indicate insanity, drunkenness, hysteria, or epilepsy. Hemorrhage from ear or from mouth, nose or eyes, indicates fracture of base of skull. Flushed face occurs in intoxication, apoplexy and epilepsy. Giddiness indicates stomach, liver, kidney or brain disorders. Epilepsy—Cause: Disease of disorders of brain. Symptoms: Convulsions, foaming at mouth, biting tongue, partial insensibility, breathing labored, pulse normal, face livid. Treatment: Prevent the patient injuring himself, raise the head. Hysteria or hysterical epilepsy—associated with other forms of hysteria. Symptoms: Falls suddenly but carefully; convulsions, or rather jerking of the head and body; partial insensibility, apparent but not real. Treatment: Cold douche to the face. Syncope or fainting—Causes: Debility or mental shock. Symptoms: Insensibility, face and lips palid, pulse almost imperceptible, cold sweat over skin. Treatment: Cold douche to head and face, a little weak stimulant, place your hand behind the patient's head and press it down between the knees. Blood-poisoning from kidney disease. Symptoms: Convulsions, insensibility, twitching of muscles, delirium, breath has a urinous odor, signs of dropsy. Treatment: Hot-air or vapor bath, active purgatives, ice to head.—*Health in the Home.*

### **THE LIFE OF A SURGEON.—A PAGE FROM THE AUTOBIOGRAPHY OF DR. GROSS.**

I have always maintained that it is impossible for any man to be a great surgeon if he is destitute, even in an inconsiderable degree, of the finer feelings of our nature. I have often lain awake for

hours the night before an important operation, and suffered great mental distress for days after it was over, until I was certain that my patient was out of danger. I do not think that it is possible for a criminal to feel much worse the night before his execution than a surgeon when he knows that upon his skill and attention must depend the fate of a valuable citizen, husband, father, mother or child. Surgery under such circumstances is a terrible taskmaster, feeding upon a man's vitals. It is surprising that any surgeon in large practice should ever attain to a respectable old age, so great are the wear and tear of mind and body.

The world has seen many a sad picture. I will draw one of the surgeon. It is midday; the sun is bright and beautiful; all nature is redolent of joy; men and women crowd the street, arrayed in their best, and all, apparently, is peace and happiness within and without. In a large house almost overhanging this street so full of life and gayety, lies upon a couch an emaciated figure, once one of the sweetest and loveliest of her sex, a confiding and affectionate wife, and the adored mother of numerous children, the subject of a frightful disease of one of her limbs, or, it may be, of her jaw, if not of a still more important part of her body. In an adjoining room is the surgeon, with his assistants, spreading out his instruments and getting things in readiness for the impending operation. He assigns to each his appropriate place. One administers chloroform; another takes charge of the limb; one screws down the tourniquet upon the principal artery, and another holds himself in readiness to follow the knife with his sponge. The flaps are soon formed, the bones severed, the vessels tied, and the huge wound approximated. The woman is pale and ghastly, the pulse hardly perceptible, the skin wet with clammy perspiration, the voice husky, the sight indistinct. Some one whispers into the ear of the busy surgeon: "The patient, I fear, is dying." Restoratives are administered, the pulse gradually rises, and after a few hours of hard work and terrible anxiety, reaction occurs. The poor woman was only faint from the joint influence of the anæsthetic, shock and loss of blood. An assistant, a kind of sentinel, is placed as a guard over her, with instructions to watch her with the closest care, and to send word the moment the slightest change for the worse is perceived.

The surgeon goes about his business, visits other patients on the



way, and at length, long after the usual hour, he sits down, worried and exhausted, to his cold and comfortless meal, with a mouth almost as dry and a voice as husky as his patient's. He eats mechanically, exchanges hardly a word with any member of the family, and sullenly retires to his study to prescribe for his patient—never, during all this time, forgetting the poor, mutilated object he left a few hours ago. He is about to lie down to get a moment's repose after the severe toil of the day, when suddenly he hears a loud ring of the bell, and a servant, breathless with excitement, begs his immediate presence at the sick chamber, with the exclamation: "They think Mrs. —— is dying." He hurries to the scene with rapid pace and anxious feeling. The stump is of a crimson color, and the patient lies in a profound swoon. An artery has suddenly given way; the exhaustion is extreme; cordials and stimulants are at once brought into requisition, the dressings are removed, and the recusant vessel is promptly secured.

The vital current ebbs and flows, reaction is still more tardy than before, and it is not until a late hour of the night that the surgeon, literally worn out in mind and body, retires to his home in search of repose. Does he sleep? He tries, but he can not close his eyes. His mind is with his patient; he hears every footstep on the pavement under his window, and is in momentary expectation of the ringing of the night-bell. He is disturbed by the wildest fancies, he sees the most terrible objects, and, as he rises early in the morning to hasten to his patient's chamber, he feels that he has been cheated of the rest of which he stood much in need. Is this picture overdrawn? I have sat for it a thousand times, and there is not an educated, conscientious surgeon that will not certify to its accuracy.

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### NEWSPAPER LAW.

The relations between publishers and subscribers and the responsibility of each seem to be so generally misunderstood that we have decided to give a synopsis of the law relating to the subject, as such publication may prevent much misunderstanding. There is often much bad feeling created by stopping a journal at the expiration of the time paid for in advance, and the same result often occurs when it is not so stopped. The law is very explicit in this case, and leaves no room for mistake. The following is a summary of the law:



1. Subscribers who do not give express notice to the contrary are considered wishing to continue their subscription.

2. If subscribers order the discontinuance of their periodicals the publisher may continue to send them until all arrearages are paid.

3. If subscribers neglect or refuse to take their periodicals from the office to which they are directed, they are responsible till they have settled their bills and ordered them discontinued.

4. If subscribers move to other places without informing the publisher, and the papers are sent to the former direction, they are held responsible.

5. The courts have decided that refusing to take periodicals from the office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

If subscribers pay in advance, they are bound to give notice to publishers at the end of their time if they do not wish to continue taking it; otherwise the publisher is authorized to send it, and the subscriber will be responsible until an express notice with payment of all arrearages is sent to the publisher.

The latest postal laws are such that newspaper publishers can arrest anyone for fraud who takes a paper and refuses to pay for it. Under this law the man who allows his subscription to run along for some time unpaid and then orders it discontinued, or orders the postmaster to mark it "refused," and have a postal card sent notifying the publisher, lays himself liable to arrest and fine, the same as for theft, etc.—*Texas Courier-Record*.

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## PHILOSOPHY OF LONGEVITY.

There is much in modern life that tends to shorten existence and to diminish the probability that a man or woman will reach ninety, to say nothing of a hundred. We lead more exciting and more wearing lives. It is in vain that a person has a splendid constitution to begin with, wears flannel, or the equivalent of flannel, next to his skin, dwells in a warm, dry house, and eats and drinks everything that is good and wholesome, if at the same time he habitually overtaxes his strength, looks upon his muscles as mere machinery, to be driven at high pressure, and ruthlessly calls upon his nerves to squander their reserve power, when every other source of energy

is exhausted. Men or women who intend to be centenarians in these days must combine something of the old mode of life with something of the new mode of living. They must, while availing themselves of all the scientific discoveries and sanitary appliances of the age, imitate their grandsires in the steady and tranquil habits that prevailed before the invention of locomotives and the telegraph. They must have their eight hours of sleep regularly; they must have intervals of repose and vacancy in the daytime; they must spend a goodly portion of their waking hours in the open air. Nor will that suffice: there will have to be regularity in the hours of their meals, and discipline in the ordering of the dishes of which the meals are composed. We cannot believe that anybody will ever live to one hundred who eats a heavy dinner every night of his life at eight o'clock. Champagne in abundance, and Bordeaux or Burgundy *ad libitum*, should be forsworn by persons who deliberately set before them the attaining of their hundredth birthday. Neither, with such an end in view, would the active life of a politician, a lawyer or a doctor be a sane enterprise. In order to reach that distant goal, there must be a training, if not severe, at least regular and unflinching. Most of all, there must prevail in the existence of such a person a tranquil serenity, an unruffled calm. Neither generous passions nor enthusiastic ideals must be allowed admittance. The pulse must never be driven up beyond a certain point, either by work, by anxiety, by fear, or by hope. At the same time, mere stagnation will, in all probability, never enable a person to live to one hundred. There is such a thing as rusting out, as well as wearing out. If a candle does not burn brightly enough, it does not consume the wax with rapidity, and goes out for want of adequate combustion. It is so, no doubt, with the human body and the human spirit.—*London Standard*.—*Scientific American*.

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PICRATE OF AMMONIA IN MALARIA.—This drug is again being revived in the treatment of malarial diseases as a substitute for quinine, and is said not to produce the unpleasant symptoms as is the case with quinine. I remember that a few years ago it was used pretty exclusively by some physicians in the treatment of malaria, but by some means it was dropped. It is best administered in capsule or pill, in doses of  $\frac{1}{8}$  to 1 grain four to six times a day.

**MEDICAL AND SURGICAL ITEMS.**

**TO BLEACH SPONGES.**—First wash well in cold water; then immerse in a bath composed of 2 drachms of permanganate of potash and 1 ounce of strong sulphuric acid to the gallon of water. The duration of the immersion varies according to the size of the sponge, etc.

To obtain the color so much admired, wash well in soda water, then immerse the sponge in a solution of carbonate of potash (4 ounces to the gallon) until you have hit the color, then wash and dry.—*Scientific American*.

**CHOLERA INFANTUM.**—Dr. Geo. C. Pitzer, speaking of cholera infantum, says: "In acute cases, where there is irritation of the nerve centers, associated with high fever, green root tincture gelseminum is invaluable in combination or alteration with brom. of potass. For a child of two years old: R. Tinct. gelsem., gtt. 10: bromide potass., gr. 10; water, 2 oz. Mix, one teaspoonful every hour. This will sometimes arrest the vomiting and diarrhoea when other remedies fail. Should convulsions supervene, the doses may be increased."

**HOW TO MAKE A MAN.**—The *Medical World* gives the following method of making a man: R. Ferri, 3 j. 3 ij.; sodii, 3 ij. 3 ij.; potassii, 3 ij.; sulphuris, 3 ij. 3 ij.; phosphor, 3 xxvj.; fluorim, 3 iij. 3 ij.; chlorini, 3 xxvj.; nitrogeni, iv lbs.; hydrogeni, xv lbs.; calcii, iij lbs.; carbonis, xlvij lbs.; oxygeni, ad., 168 lbs. Misce bene, "secundum artem," et adde "Vitæ," q. s. ut fiat homo. L. L.

**ECONOMICAL FOODS.**—Prof. W. O. Atwater (*Scientific American*) says, in substance, that the cheapest food is what furnishes nutrition at the least cost; while the most economical food is what is both cheapest and best adapted to the wants of the user. Vegetable foods are, as a rule, less costly than animal foods, but not so richly nutritive. Flour is cheaper than potatoes, because the protein in the latter is inferior and less digestible. The worst form of American wastefulness is the waste of beef, lamb, veal, fish, flour and potatoes, fruit, and other kinds of food, and this is chargeable both on the rich and the poor. People buy more than is needed, and eat more than can be digested. Much of the excess is actually thrown

away. Costly materials are used where less expensive ones would do as well. False economy is practiced in buying what seems to be cheap, but is really dear. Add to this the evils of wrong selection in marketing, careless keeping, bad cooking, and unskillful using in the home, and it will be seen that the financial loss is very great. The physiological waste is still greater. More harm is done by unwise eating and drinking than can be estimated. The rich suffer both in health and in purse, but the poor suffer most of all. The food of the wage classes is large in amount and costly in kind. The German standard calls for 118 grains of nutritive ingredients *per diem*, whereas the American workingman consumes from 95 to 254 grains. But, on the other hand, the latter can do more work, and his superior capacity is largely due to his better nourishment. What ought to be the panurgy of the average American laborer, with his great opportunities, superior intelligence, and the 6,776 foot-tons of potential energy in his daily food?

HOUSEMAD'S KNEE.—Geo. Saunders, M. D. (*Brit. Med. Jour.*) says: "In the first two stages of the disease surgical writers advise, after tapping by means of a small trocar or aspirator, the employment of pressure by means of strapping. It has been my practice not to use strapping, but a piece of lead about the size and thickness of a crown piece, wrapped in lint, and placed over the patella and then firmly and equally bandage the knee, which should be continued for about a month. Previous to tapping the part should be painted with iodine, and also occasionally afterward. I have not considered it necessary to confine the patient to bed longer than two days. I have treated bursæ on the back of the wrist on the same plan with satisfactory results."

SALIX NIGRA AS A SEXUAL SEDATIVE.—Dr. J. Hutchison (*Brit. Med. Jour.*, July 30), following the advice of Mr. Pain in the *Transactions of the Texas State Med. Asso.*, has for some months been using the fluid extract of salix nigra, or pussy willow. He says: The most numerous class of cases in which I exhibited the drug were women of a nervous temperament, in whom the nervous irritability reaches its height at the menstrual period, when along with the general malaise, is added a very decided pain in one or other ovary. They also suffer from hemicrania, the pain being situated above the

left eyebrow, and resembling the feeling as if a nail were being driven into the skull (clavus). Many of them, too, complained of a pain underneath the left breast, and extending round to the back. On one or two occasions I have noticed patients complaining of the above symptoms, and in only a moderate degree, under favorable conditions—as, for example, long-continued anxiety or alcoholism—go from bad to worse till they became hystero-epileptics. In cases of this kind, it is supposed that the center of inhibition has in some way got out of gear, and the severity of the symptoms depends upon the amount of disturbance in this nerve center. In cases where the ovarian distress was the symptom for which advice was sought, I usually succeeded in eliciting other indications of an irritable nervous system, and placed them upon half-drachm doses of the fluid extract of salix nigra three times a day. In quite 75 per cent. of patients so treated a great amount of relief was obtained after two or three days. Not only was the ovarian hyperæsthesia relieved, but the nervous palpitation of the heart was abated, and the patient felt in every way stronger. I have also given the drug in two cases of nocturnal emissions with marked benefit. The pollution ceased entirely while the drug was being taken and for several months thereafter. Virile power and passion were not much if at all diminished, but the relief from the ailment gave great satisfaction.—*Medical Abstract.*

PHYTOLACCA DECANDRA IN BRONCHOCELE AND MAMMARY INFLAMMATION.—Dr. J. D. Ely (*Med. Summary*), in speaking of phytolacca, says: "Give phytolacca a fair trial and I am confident it will prove all that is claimed for it as a superior remedy in bronchocele, and again, there are few agents in the materia medica that I prescribe with more confidence, or that give more prompt and satisfactory evidence of therapeutical value. It has long been a favorite remedy for subduing inflammation and preventing suppuration of the mammary gland; and so certain in its effects that it has well earned the reputation of being a specific for that troublesome condition. It is surprising how little of the remedy is generally sufficient. I commonly prescribe: R. Tinct. aconiti, rad., gtt. x.; tinct. phytolacæ decan., gtt. xx.; aquæ, ℥iv. M. sig. One teaspoonful every hour, and have applied to the gland equal parts of tinct. phytolacca and water, every three hours."

# THE AMERICAN MEDICAL JOURNAL

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E. YOUNKIN, M. D.,

EDITOR AND PUBLISHER.

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## EDITORIAL.

### A PLEA FOR THE UNION OF PHYSICIANS.

The signs of the times portend the near approach of that epoch  
in the world's history, when the amalgamation of the different  
branches of the medical profession must be carefully considered, if  
not actually realized.

We believe that union is desirable, and union is the one thing  
needful in the growth and prosperity of the medical profession.

Among the eighty-six thousand physicians in this country, but few  
possess any tangible evidence of any peculiar tenet or article of be-  
lief. The truth is that the profession in the aggregate has grown

beyond the dogmatisms of ethical systems, and that adhesiveness which once bound them together has been so neutralized that it has lost its properties.

I think I express the general sentiment of the profession when I say that a closer relationship among physicians would be a desirable object.

The day has passed when any one branch of the profession can hold the keys of medical knowledge, to the exclusion of all others, who are equally as well educated; and the time has come when any standard of education to which one may attain, all may do likewise; and whatever needful demands are made upon the one can be complied with by the other.

Whether we are willing for a union or not, such a spirit is silently making its way into the hearts and consciences of men. The age demands it; our country demands, and the people demand it. There is an Omipotent hand at work in it all—that Omnipotence which shapes the destinies of men, even in the midst of opposition.

That the tendency of the times is in the direction of a more harmonious feeling and a more united effort, we have only to advert to a few facts.

The State Board of Health of Illinois, in speaking of their Medical Practice Act, says: "The passage of this act was the inauguration of a reform of the practice of medicine and medical education. The results of the work in this State have caused other States to enact similar laws, in some cases more stringent than that of Illinois. The work of the Board is recognized, not alone in this country, but throughout the civilized world. It was the first time that different schools of medicine were placed upon the same Board—ostracising none, but requiring from all certain fundamental knowledge—the only question asked being whether they could comply with the spirit and intent of the law. The result of this course has been to remove many prejudices; and if the same policy is pursued in the future, the day is not far distant when those engaged in the practice of medicine will simply be known by the title of physicians."

Our knowledge of these facts, and our experience teaches that every word of the above is true; and whatever may have been the purposes of some, the Illinois Medical Practice Act has tended to-

ward a more harmonious fellowship among the different branches of the profession. Moreover, it has not tended to the strengthening of the bands of any special school; but has looked up to a better union, upon the basis of a more uniform and higher education.

Such movements as these should alarm no one, except it be those who dwell in leaky boats, and who prefer to die in their dogmatic and autocratic sins.

As a result of this work, we quote an extract from the *Western Medical Reporter*, entitled "A New Society Admitting Members of All Schools: "

"ENGLEWOOD, ILL., Aug. 2d.—A meeting was held to-day, in Lanyon's Opera House, of physicians from all schools of medicine here represented, for the purpose of forming a medical society recognizing and admitting such persons as members as possess a certificate to practice medicine from the Illinois State Board of Health. About seventy-five cards of invitation were mailed, according to the official register of physicians, and twenty-five responded to the call in person. It was a novel thing to see representatives of different beliefs meet harmoniously to gather good from each other. Many related humorous experiences arising from different convictions, and all expressed their endorsement of any plan that would spread all knowledge of use to the physician to all members. The subject of establishing a free dispensary in Englewood was also presented and discussed. The framing of a code of rules or principles to control the society was referred to a committee, as well as the consideration of the dispensary project. Both committees to report at a subsequent meeting."

We hail such omens as these with no small degree of delight, and believe that much good will be told in the not far distant future.

Again, the "New York State Medical Society, and the societies in affiliation therewith, have declared their willingness to clasp hands with all physicians whose learning and good repute obviously entitle them to recognition, demanded by the country in this age so famously enlightened."—*Med. and Surg. Reporter*.

We read also, in the address of Dr. I. N. Love, President of the Mississippi Valley Medical Association, and member of the American Medical Association, these words: "May we not hope that sooner or later the millenium of the profession will have arrived,



when there will be no branches, no sects, no dogmas, but all will be satisfied to train under the banner of the grand old profession, which is broad enough and generous enough to permit its devotees to select any remedy they please, in any dose they please, according to any theory they please, and only commands them to serve humanity and work generously for the good of the profession, under no other name than that of physician."

While the sentiment of the above is in the right direction, we are inclined to think that the speaker fails to see the full force of his own language and the position he occupies. "The grand old profession," with him, may signify the present so-called "regular" profession, or perhaps that part of it called the American Medical Association; but then how can he mean these, when they are but sects, branches—a bundle of dogmas, whose devotees do *not* select any remedy they please, neither are they allowed to use any theory they please. We are glad, however, for these accessions, coming from such a source.

Again, the great International Medical Congress has exercised a most wonderfully modifying spirit. At the last moment, prior to its sessions in Washington, when the leading journals were pressed for the answer to "Who will be admitted as members?" the sentiment was sounded abroad: "The International Medical Congress is open to all graduates of medicine." We were gratified in hearing so full and free an answer to the question.

We are also glad to note, from the address of President N. S. Davis, in the opening ceremonies of the Congress, the following sentiment:

Addressing himself first to the foreign members: "In the name of the medical profession of this country, I welcome you to the open arms and warm hearts of the medical men of this *whole country*, in whose name you were invited here three years since." Addressing the Congress as a body, he said: "I take great pleasure in greeting you, one and all, as leading representatives of a profession whose paramount object is the lessening of human suffering, by preventing, alleviating or curing disease, wherever found, and in whatever class or grade of the human family. Nay, more, with profound reverence, I greet you as a noble brotherhood, who, in the practical pursuit of that one grand object, *recognize no distinction of country, race or creed.*"

Now, were these facts to be realized? In a letter from one of our "special contributors," Dr. G. E. Potter, of Johnstown, Pa., dated September 5th, from Washington, we have this statement: "I got through with my registration, and had no difficulty. Drs. Wilder, Band, Gemmel, Tuttle, Durham, Munn, and several others I have not seen, are here," etc.

In another letter of Dr. Potter, to the *Johnstown Tribune*, we have the following:

"SIR: The *Tribune*, to my surprise, contains a singular correspondence in regard to my membership of the International Medical Congress.

Some two years ago, Professor Grant, President of the Congress at its eighth session, declared all persons who were legally physicians in their own country eligible to membership. Homeopaths, he said, had participated, and there was no objection, thus showing that the Congress was held in the interest of medical *science*, and not to support low, back-woods, narrow-minded, small-souled partisanship. I therefore sent my registration fee to Washington about two weeks before the meeting, along with a full and proper statement.

I may add that the opening addresses of Secretary Bayard and President Davis set forth the object of the Congress, and in relation to membership made use of the most catholic terms of which the English language is susceptible, and *that part* of the address was applauded most enthusiastically by the vast audience.

During the entire week, I had the most pleasant relations with members of the Congress, and we compared views with the greatest freedom and cordiality. We attended sections in company, and visited objects of interest in and around Washington together. I hope to meet with the tenth International Medical Congress, which will meet at the city of Berlin, Germany, in 1890.

G. E. POTTER, M. D.

Johnstown, Pa., Sept. 10, 1887."

We regard such sentiments as these the most favorable omens of the times.

Our Homeopathic brethren are by no means united on the plea which distinguishes their school from all others. The law of *similia* may be claimed by some as being a universal law, but many of them do not so regard it.

The *New York Medical Times* is a journal edited with exceptional ability, and this journal has for some time contended most strenuously for the union of all schools of medicine. It has urged that all sectarian names be dropped, and that all unite under a liberal platform, acknowledging the successful action of similars, but denying the existence of any governing law. It says, "there can be but one system of medicine recognized by science;" and, "the doctors of the future will surely recognize no sect in medicine."

Some of the homeopathic school have sought to ostracise this journal for its bold assertions; but we are prepared to say that these are the growing sentiments of this age, and that sooner or later they are bound to prevail.

We wish to add, in this connection, that the leading men of the different branches of the medical profession are growing day by day more tolerant and liberal on this subject. The opposition now is mainly from the weaker vessels in the different pathies, who think that greatness consists in a firm adherence to the dogmas and traditions of their craft.

Believing now that union is a most worthy object, let us look around for the *basis*. Have we any possibilities here? "O yes," says one, "I am in favor of union, but all must come to my standard." Such a one is not fit to unite with anybody, and should be allowed to eat straw with the ox. In all reconciliations, it must be expected that sacrifices must be made.

To give up what we term principle is a hard matter, but bigotry and intolerance are the greatest barriers.

Let me assure you that union can be effected in a way that will not interfere with a man's politics, his religion or his conscience.

No attempt should be made to reconcile individual differences. All minds differ, and it is right that they should.

The largest liberty of conscience should be allowed. The moment the whip is used to drive men to believe a dictum of others an injustice is done.

No narrow views of things should be taken. Bind all men to rules of law and order, and whatsoever ye would that men should do unto you, do ye even so to them.

Let the basis be a scientific one—let it be a certain standard of education, and in laws of cure let each think for himself. There is

no universal law of cure; but there is a truth in *allopathy*, or the art of curing founded on differences, by which one morbid state is removed by inducing a different one. There is a truth in *homeopathy*, or the art of curing founded on resemblances, by which one morbid state is removed by a drug which produces in the healthy person symptoms similar. There is a truth in *eclectic*, or the art of selecting the best remedies, by which morbid changes are removed and the equilibrium of the body restored.

Yes, I dare say, there are but few physicians to-day of any of the pathies but who will acknowledge the above facts. Then why all these differences? Why keep up a constant strife and battle on a distinction without a difference?

Is it not a fact that the majority of the devotees of the particular branches are unable to tell what constitutes their distinctive differences? Is it not a fact that when our allopathic brethren attempt to tell the distinctive features of homeopathy or eclecticism, they either ignorantly or wilfully, in a wanton manner, misconstrue or misdirect? Is it not so with all?

Again, is it not true that the majority of the regulars are by no means regular, the majority of the homeopaths are by no means homeopathic, and the majority of the eclectics could, if better qualified, make better selections of remedies in the cure of disease? We answer in the affirmative; and most emphatically.

Then, in order to unite, eradicate the errors, assume the same common ground, unite in the aggregate and on the main points, throw away the distinctive names and party landmarks. Throw away every dogma; retain every truth. Let it not be expected that one party must come to the basis of another, but let there be a general rush to one common centre, for general achievement, general good, and the glory of the medical profession.

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### **METRORRHAGIA.**

Metrorrhagia has been defined as uterine hemorrhage, occurring irregularly and without regard to the patient's menstrual period. It is merely a symptom of a more deeply seated disease. Its cause may be a fungous endo-metritis, submucous, fibromata, uterine polypi, epithelioma of the cervix, carcinoma, sarcoma, or a metritis. The fungous endo-metritis is the most common, and fortunately it is

the most surely curable. It is, indeed, surprising to see how small a mass of these granulations or fungosities, will cause a constant and intractable loss of blood, and how promptly the hemorrhage is relieved by their removal. With a uterine fibroid the case is different. Any of the forms, either interstitial or subperitoneal fibroids exercise but little influence in the production of metrorrhagia. An interstitial fibroid increases the tendency to profuse menstruation, but the latter usually not at all.

Uterine polypi may be fibrous or mucous in character, and either are liable to produce constant irritation of the womb, so as to cause a bloody mucoid discharge, and so free that it may become exhausting.

If an epithelioma or true cancer of the uterus exists, the discharge is more watery and it is foul in odor, accompanied with occasional gushes of blood which appear without premonition and are often quite profuse.

A sarcoma of the womb produces attacks of metrorrhagia of considerable severity, and the health may become affected by the loss of blood alone.

An acute or subacute metritis will occasion losses of blood and will increase the menstrual discharge.

A careful and thorough uterine examination is the means of revealing the exact cause. If a fungous endo-metritis, the prognosis is most hopeful; a submucous fibroid is more grave; a metritis may be cured, but it is liable to recur; and a malignant disease is almost if not quite hopeless.

The treatment of metrorrhagia must therefore depend upon the producing cause. One advantage over that of menorrhagia (an excessive menstrual flow occurring at the usual time of menstruation) it is essentially local. The palliative treatment consists in vaginal douches of hot water with some antiseptic, and a tampon if need be to check the flow. The curative method is to carefully ascertain the cause and remove it. A glance at the cause will show that in some cases this cannot be done, in others such a procedure is quite practicable.

Thus in cancer a removal of the cause may be regarded as beyond our reach, though extirpation of the organ, either in part or entire, is made in some cases, or where the disease has invaded the vaginal walls a thorough curetting followed by the actual-cautery.

A polypus may be treated by an excision of the pedicle with curved scissors, or by an ecraseur. With this done thoroughly and the base touched with the compound ætherial solution of iodine the difficulty is at an end.

Fungous endo-metritis can be treated by the curette and then the iodine solution.

Submucous fibroids developed at the fundus may be curetted. If found in the walls of the uterus or about the cervix they may be safely removed by Emmet's scissors, or Thomas' spoon, after splitting their capsule. I have, however, removed them by the internal use of iodide of arsenic and injections into the tumor with ergot. Uterine sarcoma may justify hysterectomy.

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### GASEOUS ENEMATA.

The excitement on the Bergeon method of administering the gases of carbon dioxide and sulphuretted hydrogen in phthisis, asthma, etc., seems now to be waning. Some still speak with a degree of enthusiasm, others have given it up entirely. In the cases I have had under treatment the enemata seemed to do well for a time, but it lacked in permanent improvement.

In one case, I thought I had the best of opportunities — a young man æt. 28 years. Hereditary tuberculosis. I had him under my direct supervision; he received the gas twice a day; the first two weeks he felt better, rested well, breathing improved, night-sweats lessened, appetite good, gained in strength, but not in weight, this remaining about the same. He took a leave of absence of ten days. During this time diarrhoea set in and reduced him greatly. He returned, but his general strength seemed gone and the enemata seemed to irritate the bowels. I sent him to his country home, and, through not having heard from him, I am inclined to believe he is dead at this writing.

Another case, one of asthma. Severe paroxysms every few days, which nothing seemed to relieve but morphia and atropia given hypodermically. Had the disease about three years. Tried the gaseous treatment. This patient bore the enemata well, and for a short time checked the asthmatic wheeze and cough, but it did not prevent a return of the paroxysms. I continued for a time, then gave it up, as there seemed to be little or no improvement.

## THE UNION MEDICAL SOCIETY OF ENGLEWOOD.

This society, the first notice of which the reader finds in our first editorial of this issue, was fully organized August 16th. From a late issue of the *Western Medical Reporter* we learn that "fifteen members signed the constitution which holds the golden rule as the only necessary code of ethics. Any reputable physician, regardless of school or pathy, holding a certificate to practice from the Illinois State Board of Health, is declared eligible for membership. The following officers were elected: Dr. C. H. Lovewell (reg.), President; Dr. G. J. Wilder (reg.), First Vice President; Dr. Adeline A. Rowe (homeo.), Second Vice President; Dr. H. P. Stebbings (reg.), Recording Secretary; Dr. J. E. DeWolf (reg.), Corresponding Secretary; Dr. Franklin Chavett (ecl.), Treasurer.

"At the preliminary meeting, a committee on the feasibility of establishing a free dispensary was appointed. Dr. Wilder, representing this committee, reported progress and asked for more time. The first regular meeting occurred August 30th."

Then away with the "mint, anise and cummin," throw away the petty strifes and tear down the paper walls of bigotry and intolerance. Still, I don't see how you can fail to be eclectic in the strictest and truest sense of that term. Nevertheless, this journal will favor all such movements, let come what will.

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## THE AMERICAN MEDICAL COLLEGE.

The American Medical College opened on September 5th with a good class, and others are coming. The professors are now fully in their work; the weather has been warm but will be cool enough soon. Dissections will soon begin. Clinics are on our hands. Lectures run till June, and students can make a session of twenty weeks if detained at home for a time, though we say come early, and come now. Spring session begins Jan. 23d, 1888.

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## RIGHT AND LEFT SIDED REMEDIES.

Our homœopathic brethren grow very far-seeing, minute, and perhaps imaginative, in the action of remedies. A feather on a log is with them a sure sign that the hen is not far distant. An infinitesimal is given, and the patient is carefully watched for hours and days

afterwards, for evidences of drug action. Every abnormal wink, pain and improvement is charged or credited to the infinitesimal dose.

In our September issue we referred to a discussion, at the American Institute of Homœopathy at Saratoga, on hip disease. Dr. J. E. James remarked that "*rhus.* acts best on the *right* hip, and *stram.* has remarkable control over the disease in the *left*." Dr. J. C. Morgan said, "*Stramonium* has proved exceedingly useful in very many cases of disease of the *left* hip." We quoted from the minutes of the meeting, but thought it too funny to answer seriously; hence we told the story of the bow-legged and cross-eyed flea, but Dr. Morgan takes the matter so much at heart that we here insert his answer:

PHILADELPHIA, Sept. 15th, 1887.

*Editor American Medical Journal:*

DEAR SIR—In your issue for September I am favored on page 432 with a peculiar notice. "Fleas" are mentioned. I leave that sort of literature to those who can appreciate it. When quoted, however, I ask accuracy. I said: "Dr. Jacob Jeanes introduced this drug (*stramonium*) as a remedy which had benefitted morbus coxarius—all the cases being on the left side (or 'as a remedy in left sided cases')—but Dr. C. M. Thomas recently assured me that he has found it equally useful on the right side."

Even if I had said it exactly as you print it; the *polarities* of opposite sides of the body fully justify the distinction between drug affinities for various parts, especially as to drugs of diverse chemical polarity, as *rhus.* and *stram.*; and therapeutic experience corroborates this.

Hepatic affinities, as in *chelidonium* and *nux. vom.*, however, also affiliates with the sigmoid flexure of the colon (left side of the abdomen), and is thus also a "left" sided remedy—as in headache from constipation, but in a minor rank.

Again, the mysterious reason which determines the tubercle-bacillus to attack most often the upper lobe of the *left* lung, operates equally as to *sulphur*, frequently its homœopathic remedy, one of whose keynote is stitching pain from the upper front of left chest, through to the scapula. Varicocele affects the left side, mainly, and for sound reasons; hence its greatest remedy *hamamelis*, is largely



a left sided remedy ; not, that it will not cure if on the right side, but its triumphs are largely in left sided lesions and symptoms—even of the lower extremities, and for like reasons. Therapeutic progress needs no aid from the finger of ridicule, but truth may be retarded by it. Respectfully, JOHN C. MORGAN.

We would not deny a direct action in special pathological states, nor the specific action of drugs on special organs, but no one should attempt to ride his hobby-horse unless he is a good rider. How chelidonium and nux. being affinities of the liver, which is upon the right side, and at the same time affinities with the sigmoid flexure, which is on the left side, can be called “left side” remedies is more than I can understand. How stramonium can be called a left side remedy, when Thomas found it equally useful on the right side, is more than my imagination will allow.

Again, by a mysterious reason the tubercle-bacillus attacks first the upper lobe of the left lung. Sulphur is the homœopathic remedy, because its keynote is stitching pain in the left chest. Now, if sulphur will kill the bacillus on the left side, wont it kill them if on the right side? Wont it?

“Varicocèle affects the left side, mainly, and for sound reasons.” (I wish the right and left side theory had reasons as sound.) Hamamelis is its greatest remedy, therefore hamamelis is a left side remedy, “not, that it will not cure if on the right side,” but it is so just because homœopathy says so. Then, aside from all this, homœopathy can cure consumption and varicocèle with drugs that no others can.

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### BOOK NOTICES.

A PRACTICAL TREATISE ON DISEASES OF THE HAIR AND SCALP.—By George Thomas Jackson, M. D., Instructor in Dermatology in the New York Polyclinic, Assistant Visiting Physician to the New York Skin and Cancer Hospital, etc., etc. New York: E. B. Treat, 771 Broadway, 1887. Price, \$2.75.

The conception and completion of this work were to fill almost a vacuum in the needs of the medical profession of some complete treatise upon diseases of the hair and scalp. The author has done his work well. He starts out by giving, under general considerations: Anatomy of the hair; physiology of the hair; and hygiene

of the scalp and hair. Under this last heading, the author gives very wholesome instructions, both to the profession and laity; instructions calculated to do good were they generally taught. Part second—"The Essential Diseases of the Hair" are handled in a clear and comprehensive manner. Part third—"Parasitic Diseases of the Hair;" and part fourth—"Diseases of the Hair Secondary to Diseases of the Skin;" and each carefully considered.

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DRUITT'S SURGEON'S VADE MECUM, a Manual of Modern Surgery.—Edited by Stanley Boyd, M. B. B. S., London, F. R. C. S. Twelfth edition. 373 wood engravings. 985 pages. Lea Bros. & Co., publishers.

The twelfth edition of this work differs much from the former editions; scarcely a paragraph of the latter remains unaltered; seventy-three new wood cuts have been added, and the whole work modernized, to conform to antiseptic surgery and other later improvements.

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SEXUAL IMPOTENCE IN THE MALE AND FEMALE.—By W. A. Hammond, M. D., Surgeon-General U. S. Army (Retired List), Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc. In one handsome octavo volume. Cloth. Price, postpaid, \$3.00.

It needed the master pen and unequalled clinical experience of this distinguished author to rescue from the midst of obscurity a subject entirely within the province of medical writers, and yet one which few have attempted, and none before with entire success, to illumine with the light of scientific facts.

All practitioners of experience must concede the malign effect of departures from normal sexual health on the general mental and bodily condition of the individual.

To clearly point out, therefore, the varieties and manifestations of impotence, and the proper treatment for the restoration of such patients to a normal condition of virile power, is a task which will be gratefully appreciated by the student and general practitioner, and one which Dr. Hammond has ably performed in this treatise with scientific thoroughness, and with his own inimitable grace of diction.

A volume on male impotence by this author has previously appeared, and it was received by the profession so enthusiastically that the large edition was soon exhausted. The demand for the book, and the frequent appeals to the author to complete the work by considering also female impotence, has led to the publication of this second and more complete edition, which will doubtless be regarded as a medical classic, without which no medical library will be considered complete.

Sent, postpaid, on receipt of price, by Geo. S. Davis, medical publisher, Detroit, Mich., P. O. box 470.

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### NOTES AND PERSONALS.

—THE *Nashville Medical News* has gone out with the tide.

—A FARMER sent a dollar for a lightning potato-bug killer which he saw advertised in a paper, and received by return mail two blocks of wood, with directions printed on as follows: "Take this block, which is No. 1, in the right hand, place the bug on No. 2, and press them together. Remove the bug, and proceed as before."

—MESSRS. PARKE, DAVIS & Co. have proposed to inaugurate a novel feature in their department of advertising. It is their intention to publish in their advertising pages a series of plain talks to physicians in each issue, taking up a certain class of preparations, and pointing out the reasons why they should be prescribed. This firm is fully qualified to present to the profession something of value, and their pages will no doubt be read with interest. The monotony of sameness being thus broken, every issue of our journal will add a new interest, and will be examined by the reader the same as he will examine the reading matter in the body of the journal. We rather like this new feature in advertising.

—DR. SAMUEL E. WOODY, Professor of Chemistry and Public Hygiene and Lecturer on Diseases of Children, Kentucky School of Medicine, at Louisville, on April 8th, said:

"Papine was used in a case of acute dysentery of unusual severity, requiring unusually large doses of opium. The effects of papine were so purely hypnotic and anodyne that a pound was ordered, and *no other form of opium was used during the entire illness.* Papine is a pharmaceutical triumph.

——“**MEDICAL CLASSICS**” is the title of a new medical journal published in New York. Its prime mission is to reproduce the ancient writings of medical authors. No. 2 contains the profile of Hippocrates, the Prince of Physicians, a 17th century version of the oath of Hippocrates, the laws of Hippocrates, and other quaint reproductions.

——**CHAS. W. MURPHY, M. D., Salem, Ind.,** says: “In acute facial neuralgia, hemicrania, gastralgia and sciatica, tongaline has never disappointed me. It is far preferable to opiates, producing none of those objectionable results, such as headache, constipation, impairment of digestion, etc.”

——**DR. VAN ANDRALL** writes: “I have fully tested the merits of celerina, and find it the very best remedy in chronic alcoholism and in nerous debility of any kind. Mr. K——, barber, aged 30, came to my office December 28th, 1886, suffering from the effects of a debauch. I had placed him on celerina alone, commencing with small doses and increasing until I had its full effect. The effect of the drug was like magic. He recovered, and has never drank a drop since. In conversation with him yesterday he told me that when he was troubled with his old thirst for drink he simply had but to take a dose of the celerina and it would at once disappear. He had been a hard drinker for ten years, and at one time had an attack of delirium.

——**A PHYSICIAN** cannot afford to risk his reputation with inferior drugs; it is to his interest, then, as well as to his patient's good, to secure reliable medicines from reliable manufacturers. Dr. C. Dowdall says: “Having used Lloyd's specific tinctures for some time, I can recommend them to the profession as being pure, uniform and reliable preparations.”

**OBITUARY.**—Dr. Samuel S. Judd, of Janesville, Wisconsin, is dead. This announcement will be received by our readers with feelings of regret as well as surprise. More especially will this news fall with sorrow upon the members of the National Eclectic Medical Association, for he was elected President of this body at the Waukesha meeting last June. He had not been in the best of

health for some time, and in the latter part of August he was taken with a chill, followed with a severe dysentery. In a few days he was feeling much better, walked about and talked some business matters. He was then seized with hemorrhage of the stomach and bowels, and bled profusely from the mouth. A consultation of physicians was called, and everything possible was done, but all to no avail.

Dr. Samuel S. Judd was born in Bethel, Connecticut, March 14th, 1829. He was the son of Samuel Judd and Anna, *nee* Barnum, a cousin of P. T. Barnum, the celebrated showman. He graduated in medicine February 7th, 1857, receiving his degrees from the Eclectic Medical Institute, Cincinnati, and from that time he has been engaged in an active and laborious practice. He settled in Janesville in the fall of 1864, and though poor at first, he soon purchased one of the most pleasant and commodious residences in the city. In the community in which he moved, he was a standard man in society, an honest man in business, and in his profession he enjoyed the patronage of the best families in the city and surrounding country. He was one of the best as well as the best-known physicians of the State. He had fully identified himself with the Eclectic profession in the State and National; with the governmental affairs of his city; was an original stockholder in several business firms; was a Master Mason and Odd Fellow; and in his religious proclivities a Protestant Episcopalian. The *Janesville Recorder*, from which our information has been drawn, says of him:

“He was a man of very refined manners and prepossessing appearance. His social qualities were of the highest order. His ready and entertaining conversational powers made him a welcome guest. He possessed not only the happy faculty of making friends, but the still rarer one of retaining them. Generous and tolerant of the views of others, he was positive and fixed in his own opinions. Notwithstanding his flattering success and popularity, he was modest and unassuming, acknowledging and appreciating the talents of others. He was a keen observer of human nature, a close analyzer, a logical and incisive reasoner, and, in short, a success in his profession. In his death Janesville loses a good citizen, and the medical profession one of its brightest lights.”

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## *ORIGINAL COMMUNICATIONS.*

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### **PATHETISM.\***

BY E. YOUNKIN, M. D.

Our actions are divided into the voluntary and involuntary. Let us analyse the act of walking. We propose to go here or there. We move the right foot then the left; now an unseen guardian manages all the muscles and arranges the details, and we go on and on without the deliberation of thinking. If we chance to know the road we take each turn instinctively, thinking all the time of something else and carefully avoiding the puddles of water, holes in the sidewalk, or collisions with the passers by, without bestowing a thought upon the subject. So it is with reading, writing, sewing or playing upon an instrument. The mechanical part of the work is carried on without a conscious exertion. Have you not read for hours without knowing what you were reading? Have you not been writing when the pen took apparently upon itself the business of dipping the ink? In music, two lines are read at the same time and ten fingers have their work assigned. The *a* sharps, *b* flats and *c* naturals are quickly interpreted into black and white ivory keys, crotchets, quavers and demisemiquavers, and all the mysterious variations of music are produced; the feet are working the pedals, and the soul is enraptured in strains aloft to catch the gleams, while the conscious self is in the seventh heaven in artistic rapture.

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\*Abbreviated notes of the second lecture before the Academy of Science.

Now a dull clod or a man, without a drop of fancy in his conscious hours, lies down like a log at night, and in his dreams he has before him the village green where he played when a boy. He sees the appletree in full bloom, and suddenly the form of his half-forgotten mother, who had been dead for years. She is smiling at him and he hears her call him her own dear boy.

He awakes and wonders how he came to have such a vision. What is it that has thus aroused his soul? Who weaves the tapestry of thought and paints it in a life picture?

There is not a more painful act of the mind than the interpretation of invention, yet in dreams it works with such activity that we are not sensible that the faculties are employed.

It is rare we find a gleam of consciousness in dreams, and we commit acts for which we should weep tears of blood were they real, but we never feel the slightest remorse. We crowd the urchin into the lion's den for a most trivial offence, if perchance we have previously visited the menagerie. We set fire to our neighbor's house merely to warm by the blaze, and never feel that it is unjust or unkind. Dreams, therefore, have no souls, but, like the Undines of German lore, they are mere shells without either heart or soul.

Plutarch says that Zeno regarded dreams as a test of virtue, and a dangerous sign if the individual did not recoil from the dream of vice.

Professor John Thomas, an eminent physician of Edinburg, left his home unceremoniously when a boy. He left upon the loom a half woven web. Half a century afterwards this celebrated gentleman still found his slumbers disturbed by the apparitions of his old loom and half woven web. His conscience had been impressed with the abruptness of quitting his father's house and it took the whole of his unconscious hours to weave the balance of the web. We observe, then, that the brain is engaged in the task of hunting up lost words, waking us up at the proper hour, and carrying on the mechanical parts of our nature; but pathetism does more than this—it is a novelist, that spins more yarns than Dumas; a dramatist, composing more plays than *Lope de vega*; a painter, excelling in figures, landscapes, and the terrific conceptions of horror and torture. But, like all other artists, producing, developing and combining only what the person has actually experienced.

Leaving now the half studied subject of dreams, which is a whole mine of study, we shall look for a moment at some phenomena of pathetism in some pathological or abnormal states.

The first of these are *voices* issuing from we know not where, but in which some fear, doubt or hope finds an entrance.

The part which these voices play in the fanaticisms of men we need not here relate. These voices are of two kinds, one a quick vivid expression to the whole of one's feelings or ideas, a sort of lightning's flash; for instance, a man, ready to commit a crime, hears a voice to stop; while another, praying ardently for faith, hears a voice saying, "There is no God." The first voice is accredited to a supernatural intervention from heaven, while the second is attributed to coming from the devil. Men act upon such impressions, and the insane commit deeds of violence in obedience to these voices. I apprehend that neither God nor the devil have anything in a special way to do with either. The sources of both are the same, the one from an unconscious reasoning and the other from an unconscious memory; both are from the brain and rise no higher than a man's head. They are wrought by special excitement and remote association of ideas from the inner depths.

In the delirium of fevers we sometimes meet with such phenomena, ideas and words long forgotten are reproduced, and the study of the subject is really amusing in a scientific point of view.

We might here relate the story of the peasant girl in the *Hotel de Paris* who, in her delirium, talked the Hebrew, a word of which she could not utter when in her normal state. After much inquiry into the cause of the phenomena of repeating Hebrew, it was discovered that she had been cook to a learned priest, who had been in the habit of reading his Hebrew aloud in her presence.

From sound we turn to *sight*. An apparition is to optical sense what voice is to the audible sense. At a certain point of intensity, the latent idea reveals itself and produces an effect upon the sensory centres; sometimes it effects one sense, sometimes another. What we really see and hear are actual sights and sounds; but a conjecture of the senses may be taken for the real when they are only delusions. In the normal wakeful hours the real is properly taken for the true, while our conjectures are suppressed. In the abnormal states they are often reversed, and the delusion is taken for the true while the real is suppressed.



In sleep the brain is reversed ; that which we conjecture in fancy is true, while the real sights and sounds pass unperceived. These two normal states are changed twice in ever twenty-four hours, or in fact every time we doze or take a nap.

Very often such slumbers begin and end before we are aware of them ; and if at such times we chance to have a peculiarly vivid dream, there is nothing to rectify the case and it takes the form of a delusion. With the insane mind this is peculiarly so, and there being no basis of intellect to rectify the delusion it is taken as real, and the individual acts upon its promptings the same as if actual fact.

A ghost or hobgoblin is of all creatures of fancy the object bearing the evidence of being home-made. The brain travails upon the trail of a lost friend, but with all its store of fancy cannot picture a new idea of the departed, which proves the subjective nature of apparitions and points unmistakably to the laws of pathetism. Whatever residue of truth is found in the marvels of spirit-rapping, table-tippings, mesmerism, hypnotism, or whatever successful hits of secrets, or revelations of things forgotten, are in my opinion due to the laws of pathetism ; and this fact is clearly evolved, that whatever a man never knew, no magic on earth has ever enabled him to tell, but what he has once known, and in his conscious hours has forgotten, may often be reproduced by the stimulus of suggestions and queries.

Drunkenness is a condition in which consciousness is more or less obfuscated, but an unconscious cerebration may work for a much longer time. The ludicrous stories of the tipsy are explained by supposing unconsciousness to be blind, but fumbling around for a conscious eye to guide the man. He blurts out the truth because the muddled brain is unable to fix up a lie.

Intoxication, like dreams, never produces new elements, but may excite latent thought. The drunken laborer in his besotted state thrashes his horse and kicks his wife ; but a drunken woman uses her accustomed vehicle, the tongue, to express her emotions, and abuse the object of her hate ; to avoid the storm, a man had better run while he sees the gleam of lightning breaking in the distance.

Anæsthesia is another condition of unconscious cerebration. Here self is dormant and is unaware of the most frightful lacera-

tions of nerve and muscle, having no conceptions of the time that passes by. 'Tis here that pathetism paints her pretty pictures of the green fields, the skipping lambs, and lofty flights of birds, and other scenes equally remote from the terrible operation.

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## PRE-NATAL INFANTICIDE.

BY J. A. MC KILVEN, M. D.

One of the greatest of social evils at the present day is the disinclination on the part of the American people to propagate the species. It is not an unusual thing for healthy married persons to live together for years without progeny, or with perhaps one or two children. Where we find this state of affairs existing, we are led to believe there must be something wrong, nature in some manner has been defeated in her operations. "Multiply and replenish" is as much a law of nature, and is as binding morally and physically to-day, as when it was first uttered, and the penalty of its violation is as certain to be followed by its own nemesis.

Sparta, where child-murder was enforced by statute, and slaves were systematically massacred to keep down the population, went eventually to decay. The statesmanship which depreciates the increase of human beings, and regards material wealth as more desirable, will always culminate in destruction if not arrested in its progress. Human life is the great purpose of creation, and whatever cheapens it, or in any manner interferes with its usefulness and progress, militates against the natural order of the universe. Civilization differs from savagery in its social ethics, its superior regard for human life and human welfare, and cannot rise to the dignity and nobility of christian civilization regardless of these conditions. The very least, whether an embryo or babe, a cripple or houseless wanderer, is embraced within its purviews as entitled to care and protection.

Political economy rightfully contemplates no waste or destruction of human life, but the evolving of a policy which shall open to every one a career of activity and usefulness, and a civilization which cultivates and enforces obedience to these principles is entitled to our most profound esteem.

The public conscience needs educating on these subjects. *Pre-natal* infanticide is wide spread and daily on the increase, and yet

there is no public evil approximating the enormity of this that there is so little said. The most frivolous pretext is a sufficient excuse for an abortion, and physicians are urged and entreated to assist in its production. A professional brother and friend of mine was lately consulted by a married lady in good social standing, in regard to producing an abortion at the end of the second month of gestation. The doctor required her reasons for an abortion. The only excuse she gave was that she had enough children. He then pointed out to her forcibly the evil of such an act, and the attendant danger both to himself and to her, provided the matter should be discovered; but she still insisted that she must be relieved. He then said to her: "Madam, you say your only reason for wishing this abortion produced is that you have enough children; how many have you?" She replied two, the youngest being two years old. He then told her he knew of a better way of managing this matter. As your only reason for wishing this thing done is, that you have all the children you want or care to take care of, the better way for us to do will be for you to go home and bring your youngest to my office and we will knock his brains out with the poker; then you can go along and have this one, and you will still only have *two* children, and we will have committed but one murder, whereas, if we produce an abortion, we would certainly commit one murder, and possibly two. It is needless to say she became disgusted with this doctor and sought relief elsewhere, and found it.

A very prevalent notion prevails, that it is not fashionable or in good taste to have many children. Others find excuse in the plea that they cannot afford the expense of rearing, clothing and educating a large family—the responsibility is too great for them to undertake. Thus a thousand frivolous and intangible pretexts are made for their folly.

About a year ago, a popular clergyman of my town came to my office and asked for a prescription for his wife, using the same old story—the same old lie: "She has taken cold and gone beyond her time."

I prescribed the ordinary emmenagogues, but in a few days he was back again with the statement that the medicine had done no good. His extreme anxiety at once aroused a suspicion that he suspected pregnancy, which led me to make inquiry; but he assured

me most positively there could be nothing of the kind, and I again prescribed for her, with the understanding that if the medicine did not have the desired effect I would see her. He called at my office every day or two reporting the case no better, and urging me to give her something stronger. I finally told him I could prescribe no further without seeing her, as there must certainly be something peculiar in her case requiring investigation. I found the lady in bed with all the phenomena of pregnancy.

On making a digital examination, I discovered there was anteversion; but from a history of the case, I concluded the displacement was not of recent date, while all the symptoms of pregnancy were. I diagnosed her pregnant, I replaced the uterus, but it would not remain in its proper position until I held it there by the use of a horse shoe pessary. From the time I informed them it was pregnancy, until I discontinued the case at my own request, I was daily annoyed by the most urgent appeals to produce an abortion. Three doctors at different times were called to see the case, two of whom introduced a sound into the fundus and turned it clear round before they could satisfy themselves that she was not pregnant. Thus standing alone in my diagnosis, I came pretty nearly being discharged, and would have been peremptorily had it not been for the lever. I held on the Rev. Gentleman. I was just as anxious, however, to get the case off my hands, as they were to get clear of me; but, from the public interest that was being aroused, I desired to retire in my own way. By this time she was at least four months gone, and there could be no doubts in regard to her condition. I requested him to send for a former family physician in whom I knew they had entire confidence, which he did at once. The doctor confirmed my diagnosis, and endorsed my course throughout, and advised her to be satisfied and go right along until full term; stating that it would be worth a thousand dollars to her in the way of curing the version. I then told them that I was willing to retire from the case, and they were at liberty to employ whoever they wished, but they insisted on my continuing to treat the case. It was only a few days, however, until the same restless, dissatisfied feeling manifested itself. Feeling it was now a good time to "step down and out," I advised him to employ another doctor, to which he readily consented. We were both relieved, for in eight

days from that time, she had an abortion of twins. Thus ended one of the most remarkable and annoying cases that ever came within my experience. The woman's health has been very bad ever since, as I have incidentally learned.

Now, in this case, there could be no reasonable excuse for such a course. They were both young and in good health. They had two sweet children, intelligent and perfectly healthy. He was a popular minister of the gospel, commanding a fair salary. When we find such turpitude in those whose duty it is to "cry aloud and spare not," to "lift up their voice like a trumpet to show his people their transgressions and the House of Israel their sins," is it not time for the medical profession to speak out distinctly and unequivocally on this subject? We should act in concert in enlightening the public, or the crime of foeticide will continue to spread by its roots and branches into the entire structure of society.

The following resolution was adopted by the National Eclectic Medical Association, in the City of New York, October 5, 1871:

*"Resolved*, that the growing evil of the practice of abortion, perpetrated, as we believe, by the off-shoots from every branch of the profession, is an abuse justly alarming to society; and that we hereby record our unqualified condemnation of this wicked and criminal practice, and also of all physicians, of whatever school, who engage in it."

Every State and local society should adopt similar resolutions, and enforce a sentiment favorable to the adherence of the principle set forth in the above resolution.

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## DYSMENORRHEA.

BY JOHN ALLEN, M. D.

[Continued from Page 445.]

*Treatment.* — First, the mechanical or obstructed condition will claim our attention. As stated in last article, the true cause must be ascertained by examination per vaginum; and if anteflection or retroflection be the cause, restore the uterus to its normal position and you will have succeeded in relieving the patient temporarily. But if ulceration of the cervix is present, and the cause of the retained fluid, then relieve the condition of the general system by meeting the specific indications. A flushed face and nervous ceph-

algia calls for gelseminum; hot dry skin, for aconite and asclepias. Cancerous and fibroid growths require other special treatment. Some writers claim that fibroid tumors will yield to the continued use, in small doses, of ergot, viburnum, prunifolium, etc., but all agree that cancerous growths of the uterus, like those of any part of the body, must be removed. The treatment will be unsatisfactory and slow at best.

Second, in neuralgic dysmenorrhea the first thing to be done is to relieve the acute pain, which can only be done rationally after seeing the sufferer and studying the different phases in each case. The practice of giving opium or morphia to relieve pain, of whatever character or nature, often leads to bad effects. Gelseminum acts very kindly to relieve the brain and quiet the nervous system, and as we will generally find a dry skin and accelerated pulse, on general principles, we should select remedies to relieve certain symptoms. Therefore, R. Gelseminum, fl. ex., ʒj.; tinct. aconite root, gtt. x.; aqua dist., q. s. to ft, ʒiv. M. Sig. Teaspoonful every one-half to one hour till relieved, would in most cases give the desired result. Others, again, may call for another class of remedies, and may be relieved by the internal administration of chloroform, in drachm doses, every three hours, to be alternated with some agent (and there are several) which will act upon the uterus, and, by its stimulating power, upon the glands of the mucous membrane and possibly the muscular tissue at the same time. By this course, you prepare the mucous membrane for the work it is required to do, and by the stimulation or toning up of the muscular tissue contraction of the capillaries takes place and forces the fluid accumulated in them forward, and as it reaches the mucous lining of the uterus, now stimulated and ready to act, it is passed onward by the process of exosmosis till it reaches the cavity. My friend Dr. D., "an allopath," says: "I rely on permanganate of potash, and have never had it to fail." I have never used it for this condition, but have had my expectations more than realized by the use of cimicifuga racemosa, viburnum, prunifolium and viburnum opulus. But this is only to relieve the present condition. Now, for general treatment: as I said in the preceding article, that "the inflammatory condition was only nature's way of relieving the congested vessels and tissues."

Strict observance to the laws of health: During the catamenial period no exposure or extra exertion should be allowed, but rest, or light exertion, should be the rule. The diet should be light and nutritious. The object now will be to prevent another attack. Tonics will be called for; correctives, to regulate the bowels; and out-door exercise should be recommended. For the two weeks next succeeding the catamenia the following, in some cases, would act well, to-wit: Tinct. ferri chloridi,  $\mathfrak{z}$ ss.; fl. ex. viburnum pru.,  $\mathfrak{z}$ j.; fl. ex. cascara sag.,  $\mathfrak{z}$ ss.; syr. simp., q. s. to ft,  $\mathfrak{z}$ iv. M. Sig. Teaspoonful morning and night. To be followed the next week by: R. Fl. ex. cimicifuga r.,  $\mathfrak{z}$ j ss.; fl. ex. cascara sag.,  $\mathfrak{z}$ iv.; syr. simp.,  $\mathfrak{z}$ ij. M. Sig. Teaspoonful ter. indies. Should either of the last suggested prescriptions act too freely on the bowels, lessen the dose, and as soon as the flow is established discontinue the treatment until the catamenia has passed.

It will, in most cases, only be necessary to give an occasional dose of the same medicine used before, to keep the bowels regular, if a strict observance has been had in regard to diet and hygiene, till two or three days before the next period; then commence with the last remedies recommended.

If you have nothing better try this; and if you have, give it to us.

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## REGULARS AND REGULARS.

BY G. E. POTTER, M. D.

Science in medicine cannot approach anything like perfection as long as her votaries are trammelled. The field for investigation must be broad and free enough for all. When a line is drawn there is division and contention. The line that the Committee on Registration attempted to draw at the late Medical Congress was prompted by both jealousy and selfishness.

Rule 1, as formulated by the American Medical Association, was designed to keep all but Allopaths from attending the Congress.

The instigators of this rule hoped, by the "scarecrow" thus erected, to deter such as they would characterize as "birds of prey" from entering the field. "There are tricks in all trades except ours." Rule 1 was intended to act similar to the "man of straw" placed in the field. The birds are kept away because they are not bold.

enough to venture near and investigate for themselves ; were they to do so, they would find the way clear, and that no harm could befall them. The farmer might cuss a little over the aggressive spirit of the birds, while he had fondly hoped they would have been afraid to come near.

The mouthpiece of the Allopathic Society of this city claims he is in possession of "positive knowledge of the essential condition of membership." He says: "The doors of the Congress are open to every regular medical practitioner, and to none others." What does he mean? Does he mean what he says? or does he, like many others (Rule 1 for example), say one thing and mean something entirely different.

Let us see what Dr. Austin Flint said in speaking of regulars and irregulars. He said: "Exclusive dogmas have prevailed to a greater or less extent in past time among members of the Regular profession." Again, he said: "That holding an exclusive dogma is *not* in itself sufficient for a practitioner to be considered as irregular."

Again, we quote this high authority, and draw our own conclusions: "It is the assumption of a distinct name that constitutes an irregular."

The doctor, in thus expressing himself, affords a wide range for speculation as to what he meant; however, it is evident that he would have classified Dr. Littletoe, the great "Corn Curer;" Dr. Oldsore, the great "Cancer Curer;" Dr. Confidence, the great and world renowned curer of all confidential diseases, etc., etc., under the head of irregulars, as the very assumption of such distinct names would be self-condemning.

He surely did not mean to say that the assuming of the name Eclectic or Homeopath was irregular, for it is evident the Old-School point to their distinctive name with a smile of arrogant pride. How then can we apply Dr. Flint's logic to one class and not to the other?

Dr. Flint's argument would classify all legally educated physicians as regular. Does it not imply that *Regular*, spelled with a capital "R," as a noun, and applied to a sect as a distinctive name, is necessarily irregular? And would he not have said *regular*, spelled with a small "r," implies a question? *Regular* what? *regular* Pastor; *reg-*



*ular* Mechanic; *regular* Musician; *regular* Homeopath; *regular* Eclectic; or *regular* Allopath. Thus, all who are regularly trained and educated in their respective departments are consequently regular.

Rule 1 reads as follows:

"The Congress will consist of such members of the regular medical profession as shall have registered and taken out their tickets of admission, and of such other scientific men as the executive committee of the Congress shall deem it desirable to admit."

This rule, as it is worded, spelled and emphasized, is all right and broad enough, and invites every "legally acknowledged medical practitioner in his country" (this quotation is from Prof. Hansen Grut, of Hammellaft, Denmark) to a seat in the Congress.

NOTE.—"Members of the regular medical profession" apply Dr. Flint's logic to the word *regular*, and the whole problem is solved.

## PREVENTION AND TREATMENT OF FURUNCLES.

BY J. HOBERT EGBERT, M. D.

A lengthy description of a boil—furuncle or furunculus—is unnecessary. The small, but often extremely painful, hard, circumscribed, inflammatory tumor is so frequently met by the physician and surgeon that its nature and etiology are well known. It is produced by inflammation of the cutis-vera and subjacent areolar tissue; the inflammation having its origin in the death of a small portion of skin or of a cutaneous gland. This form of inflammation is peculiar, showing no tendency to spread, but remaining circumscribed and terminating in the detachment of the central diseased tissue, the morbid process terminating in suppuration and ulceration. It has been noticed that regions where the secretions of the cutaneous glands are particularly strong are predisposed to furuncles, as the axilla and perineum. They, however, not unfrequently occur on the back of the neck and certain parts of the face. My own observation has demonstrated that they occur quite as often in the robust and well fed as in the feeble and emaciated. They appear in both the old and young, and often prove very exhausting to children and very old persons. There are certain constitutional conditions and diseases which dispose to the formation of furuncles. A boil gen-

erally, if left to itself, attains its maximum size in from five to six days, which is about that of a silver dollar, when the central white point at the apex becomes loosened and evacuated, together with pus mixed with blood and shreds of tissue. If, however, a mixture consisting of iodine 2 parts, aconite 1 part, and arnica 1 part be applied to it before it is more than a day old, it will generally shrink away immediately. If older, more applications will be required, still the desired result may be obtained. The abortive treatment, however, is not always advisable. Ice should not be used for this purpose. On the contrary warm, moist applications, as poultices and fomentations should be made, to hasten suppuration. To this end the internal use of sulphides will be found useful, as they not unfrequently cause the furuncle to mature and also favor the expulsion of the pus. They are also said to be efficient in preventing furuncles when threatened and may cause them to abort. Small doses frequently repeated will be found most effective under these circumstances. It is generally advisable to make an early opening with the lancet to relieve the pain caused by tension and to evacuate the contents.

Furuncles are often successfully treated by the long continued use of arsenic, still I consider the use of this remedy to be indicated only by a succession of boils.

I have found nothing more effective in removing that condition of the system which produces furuncles than the following: *R.* Potassi iodid, ʒj.; syr. sarsaparilla comp. ʒij. *M. Sig.* Teaspoonful three times a day.

Tonics are generally indicated, the most suitable being the phosphates. To the debilitated, quinine, iron and nutritious foods should be given. A change of air is often productive of much good.

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## EXOPHTHALMIC GOITRE.

BY THOMAS FEEMSTER, M. D.

I have a well-developed case of exophthalmic goitre, in a lady aged 27; married; no children; very "nervous" or excitable.

The symptoms are very prominent. Bulging of the eyes; bilateral enlargement of thyroid gland—the right side larger; great excitement of the heart; pulse ranging from 90 to 130; temperature usually normal, but at times running up to  $100\frac{1}{2}^{\circ}$ , with creeping

chilliness and flashes of heat; and at these times the pulse rate is highest; with dyspnea.

The gait is slightly staggering, with stiffness in muscles, with slight neuralgic pains. The appetite is good, and at times is craving, but with good digestion; and rests well at night.

*History.*—This lady is the only child of fond and indulgent parents, who have cultivated her excitable nature so that it is a part of her being, and since her marriage, five years ago, she and her husband have lived with her parents—they not willing to have her leave them, and she better suited to remain also—and the consequence was the family relations have been very unpleasant and “stormy.”

I have attended her in sickness at different times, and have been called during “stormy” periods, and naturally expected symptoms of excitement, and when this “goitre” began, I was inclined to look rather carelessly into her real condition, and saw nothing unusual except the cardiac excitement, consequently I did not make out a diagnosis for a month or more after the case presented—not until the eyes began to bulge, accompanied by thyroidal hypertrophy.

Having no experience in such cases, I applied to my “elder brothers” in the profession for advice, and found them like myself. So I have followed the advice of the authors Hammond and Bartholow principally, using such remedies as ergot, belladonna, digitalis, the bromides, Pyropho’s iron, cactus grand., etc.; the two latter remedies, in combination with fl. ext. ergot, seemed to serve me much the best.

I use the primary galvanic current on alternate days, the anode over the pneumogastric, the cathode over the epigastrium, and the result seems to be a decided improvement in the nervousness and heart symptoms, but, as yet, slight change in the eyes and thyroid gland.

The object of this correspondence is to bring out any suggestions as criticisms from you, or any of the readers of the AMERICAN MEDICAL JOURNAL, if you see proper to publish the same; and if this case is likely to interest your readers, I will gladly make a brief report at some future time.

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**BROMIDE OF POTASSIUM.**

BY W. P. BILES, M. D.

Bromide of potassium is probably used more by the average practitioner of medicine than any other drug in the materia medica. In 1853, Dr. Charles Locock called attention to it for the first time, as having the power to arrest epileptic fits caused by irritation of the female organs of generation. It was soon learned that epilepsy from other causes would yield to its influence. Its medicinal powers are due to its diminishing reflex irritability, by blunting such afferent nerves as would give rise to reflex action. The principle indication for the use of bromide of potassium is increased reflex action, whether it be due to abnormal irritability of the nerve centres, or to the over sensitiveness of the different fibres.

The dose of bromide of potassium will vary from five to thirty grains; should the large dose be continued, the patient should be carefully watched, as soon as the point of bromism is reached the drug should be discontinued. The symptoms of bromism are sluggishness of intellect, loss of memory, acne-like eruption, infrequency in winking, which gives the patient an idiotic appearance.

In health there is a physiological association between the movement of the stomach and rectum due to reflex action of the muscular coats of those organs; when food is taken into the stomach there is a tendency for the rectum to discharge its contents; vice versa, when the rectum discharges its contents undigested food passes through the pyloric end of the stomach. In chronic dysentery this reflex action is abnormal, a small quantity of food taken into the stomach causes the rectum to rapidly discharge its contents, at the same time the undigested food passes rapidly through the small intestines, and in the stools we have the odor of the food.

In this condition bromide of potassium will prove curative by blunting the sensibility of the afferent nerves of the rectum. If the stomach refuses the drug, it may be given per rectum by enema. In epilepsy it will be found a valuable remedy where there is inflammation of meninges; gelseminum should be given alternately until meningeal lesion subsides, then continue bromides to blunt reflex excitability. Disorders of the generative organs are likely to cause reflex disturbances in other parts; this may occur in either sex, but it is more common in females. Bromide of potassium, by

allaying primary irritability and controlling sympathetic disturbances, is beneficial in these cases.

During dentition, the irritation which is set up by the tooth, which is coming through, gives rise to reflex pain in the ear, and to suppression of gastric and intestinal secretions, and secondarily to acid vomiting and diarrhoea due to fermentation, and often convulsions. In a majority of cases, this is due to a pressure of the tooth on the jaw bone, consequently the lancing the gums should not be resorted to unless there is unusual swelling. Bromide of potassium should be given, not to relieve the pain of the tooth, but to relieve the reflex irritability, and by removing cause of the suppression of gastro intestinal secretion arrest the vomiting and diarrhoea.

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### A CASE IN PRACTICE.

BY H. H. BROCKMAN, M. D.

Was called in haste, June 3, 1887, to attend Mrs. H., in confinement. On examination I found excessive hemorrhage, os slightly dilated, cervix about three lines in length, and rather firm, pulse 120, temp. 100, bowels soluble, urine free, pain in back, and slight uterine pains 20 to 30 minutes apart.

*Diagnosis.*—Placenta previa. Time of utero gestation, eight months.

*Treatment.*—Elevated foot of bed 8 inches with blocks, and put patient on: R. Tr. verat. vir., gtt. xx.; fl. ext. cimicifuga rac., gtt. xxx.; aqua,  $\frac{3}{4}$  iv. M. Sig. Teaspoonful every hour until pain in the back and flooding ceased. Also sulph. morphia,  $\frac{1}{4}$  gr. every two hours until sleep was induced, and enjoined quietude.

Hemorrhage soon ceased, and I left requesting husband to send for me on its recurrence. Five days afterwards I was again called in haste, found patient flooding as before, with dyspnoea, frequent pulse, and tendency to syncope; on examination found os dilated about 10 lines, soft and yielding, bowels active, urine free. I detached the placenta from left side, it being thinner there than on the right, and from over the entire os, first giving fl. ext. ergot, gtt. xx., with five grains of quinia. On detaching that portion of placenta, the vertex immediately engaged in superior strait with frequent expulsive pains, and labor terminated within two hours with no alarming hemorrhage between pains, and no post partum

hemorrhage of any consequence. Child was asphyxiated, but was soon resuscitated, by the usual *modus operandi*. After giving the usual injunctions, and receiving my fee, I went on my way rejoicing.

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## WAS THE RECENT MEDICAL CONGRESS INTERNATIONAL?

BY W. S. CLIFFORD, M. D.

What was advertised to the world and proposed as the Ninth International Medical Congress, and which was lately held in Washington, has passed into history. The record made, when we consider the factions and quarrels which characterized its inception, and the scathing criticisms with relation to its work and management, is one not at all creditable to American physicians.

The *Pittsburg Medical Review* (Allopathic), in a late issue, commenting on the Congress, says: "The unbiased verdict which must be pronounced, certainly is that as an International Congress of distinguished medical men it was a failure. Truth compels the statement that the meeting was a disappointment to those who attended with the hope of meeting the famous men of this generation. Certainly some of them were present, but it must be said that the mass of scientific men from abroad, and a very large preponderance of those at home, were conspicuous by their absence."

Why was the Congress such an acknowledged failure? Because, as was predicted by the medical press, both in the United States and in England in 1885 (German and French medical journals echoing the same opinion), of the action of the American Medical Association in overthrowing the work of the original committee on the organization of the Congress. By the introduction of ethical and local issues, the heretofore liberal Congress of Europe degenerated to the proscriptive one recently held here in America. By the action of the Allopathic American Medical Association, a blot has been cast upon the history of the Congress which can never be effaced. In its betrayal of a trust imposed, this pharisaical institution has rendered itself ridiculous, and well deserves the censure of the profession, the press and the public.

Let us recite some of the facts in the case; the appointment and action of the New Orleans committee produced the trouble. The question was at once sprung: which of the two committees formed

in relation to the International Medical Congress was legitimate? Was it the original committee of eight, which was invitatory as well as executory in its character, and which, through its chairman, Dr. J. S. Billings, at the Congress in Copenhagen, extended the invitation, or was it the committee formed by the action of the American Medical Association at its meeting in New Orleans in 1885?

It will be remembered that Dr. Billings said, that instead of the invitation being exclusive, "it was purposely worded as coming from the medical profession of the United States, and not from the American Medical Association only." The invitation, then, was not in the exclusive interests of his school of medicine, as he assumed the role of a representative of the whole medical profession of the United States, and it was so understood by the Congress at the time.

Of course, in assuming to speak for the *whole* medical profession of the United States, he had no authority, as he was not properly accredited as such; yet the fact remains. The invitation was thus extended by the "Sir Regular," and accepted by the Congress at that time as coming from the whole profession of this country.

It follows, therefore, that this committee (the original one) became the agent of the Congress, and it was instructed to execute *its* will at its meeting in this country. By resolution, the Congress ordered it to make all the arrangements for its meeting in this country in 1887.

It follows, furthermore, that this committee had no existence *so far as the Congress was concerned* until the Congress credited it. That when formed it became the organ of the Congress, its controlling body in this country to carry out its objects. That so far as the Congress was concerned, this committee, which was only one of invitation so far as the American Medical Association was interested, could hold no power from the Association in this country to act for the International Medical Congress, a superior organization, created for scientific purposes, and without local politics.

The action of the American Medical Association, at its meeting in New Orleans, and the subsequent actions (of additions, etc.) of its committee at Chicago and elsewhere, thrust into the International Medical Congress project, a controverted subject, with which the Congress had no concern. As a matter of fact, moreover, the

new committee had no legal existence, as the organization had no power to create such for the International Medical Congress. As *Dr. Noyes*, one of the original committee said in his resignation: "I refuse to admit that the composition of the International Medical Congress should be in any way determined by the controverted points of the Code of Ethics of the American Medical Association. \* \* The right of the American Medical Association to take this course can, I think, be successfully challenged; but for my own decision it is enough that I cannot concur with it, and that I feel sure that its pursuance will prove most hurtful to the Congress, in whose welfare, as you know, I have taken a deep and active interest." (See the letter entire, as published in the *Medical Record*, August 29, 1885.)

Like withdrawals and expressions were elicited from the remainder of the original committee, during the summer and fall of 1885. About this time it was that Sir James Paget wrote a letter to Dr. Hays, of Philadelphia; and Sir William MacCormac a letter to the *Boston Medical and Surgical Journal*. Both gentlemen regretted and were surprised at the course taken by the American Medical Association. The invitation to meet in this country tendered in Copenhagen was believed, they said, to have been tendered in the name of the *whole* medical profession of America. "If it had been thought that a political issue would have been introduced, the invitation would not have been accepted."

It was on account of the action of the American Medical Association at New Orleans, that a meeting of the members of the medical profession of Philadelphia concerned in the organization of the International Medical Congress was held at the hall of the College of Physicians, on Monday, June 29th, Dr. Alfred Stille in the chair.

After hearing a report of the proceedings of the new committee, at its meeting in Chicago, the previous week, and after considering the changes in the organization which were made, including the restriction of the scope of the membership, by which a large proportion of the profession of the country would be excluded from the Congress, the following preamble and resolution were unanimously adopted.

"*Whereas*, certain serious changes," etc.; and

"*Whereas*, it has appeared that these changes are inconsistent with



the original plan, and detrimental to the interests of the medical profession in America, and of the International Medical Congress; therefore be it

*"Resolved*, that we, the undersigned, consider that our duty to the profession and to ourselves requires us to decline to hold any office whatsoever in connection with the said Congress as now proposed to be organized." Signed by D. Hayes Agnew, Roberts, Bartholow, and twenty-seven other leading lights of the profession in Philadelphia.

The fact that the most prominent members of the so-called regular profession, in all the medical centres of the United States withdrew or withheld from the organization of the Medical Congress, cannot be considered a very high compliment to the action of the American Medical Association in this country; but when the real animus and status of the latter concern becomes advertised, discussed and criticised in and by the medical journals of Europe, its position will become unenviable in the extreme. What the effect would have been had the committee of eight taken the position and maintained it, that it could resign as appointees of the Congress *only* by the consent of that body; and that it was still amenable to the Congress as its agent; and that it was its duty to act as its representative and ignore the action of the American Medical Association entirely, I will leave for the reader to surmise and determine for himself.

The question then recurs, was the recent Medical Congress *International*? In view of the facts presented, and those to follow, a negative answer to the inquiry alone can be given. What does the history of the Medical Congress from its first meeting reveal as to the essential condition under which members were received at its meetings prior to the one recently held in this country? Did it not, "Sir Regular," receive and admit to membership physicians legally entitled to practice as such by the laws of the Country, Province or State in which they lived?

Now then, again, "Sir Regular," if all legally acknowledged physicians were held eligible as members of the International Medical Congress in Europe, how did it and why did it change its policy in America?

The essential condition under which physicians in the United

States could become members, as framed in Rule I., by the American Medical Association Committee, was as follows: "The Congress will consist of such members of the *regular* (so-called) medical profession as shall have registered and taken out their tickets of admission."

The most prominent misleading feature of the recent Congress then, was in its title "*International*."

"International Congress of regular Allopathic physicians," would have been an honest designation, and would have been explanatory of its exclusiveness.

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### GLEANINGS FROM THE NINTH INTERNATIONAL MEDICAL CONGRESS.

Professor A. Simpson condemns ergot, given before the birth of the child, as being a most fruitful cause of still-births.

*Dilatation of the Cervical Canal.*—Dr. W. H. Walther had learned by experience and observation of the bad results obtained in attempts to dilate the cervix uteri by tents, or to enlarge or straighten it by incisions to cure dysmenorrhœa and sterility. A more satisfactory means of dilating, he thought, was by the bi-valve dilators now in use. If tents were used, he preferred the tupelo to any other, it being less apt to cause septic inflammation than the sponge, and dilated more rapidly, regularly and better than the tangle. He referred to endometritis, pelvic hematocele, pelvic cellular or peritoneal inflammation, septicemia, pyemia and tetanus, as complications following the use of tents. The two-bladed dilators he claimed, was comparatively free from mediate or subsequent dangers. It nearly always cures the dysmenorrhœa, and often removes the cause of sterility.

*Lacerations of the Cervix Uteri.*—Dr. T. M. Madden was convinced by his clinical experience, that it was far better and more rational practice, if any operative treatment were really required, to resort to the amputation of the entire extent of the mutilated and diseased cervix, by either *écraseur* or galvano-cautery. He did not advise this measure indiscriminately; indeed, he thought the majority of cases of cervical laceration needed no operative treatment specially, and such an operation as the removal of the cervix was not to be taken without caution and, above all, real necessity.

When thus justified, however, the amputation of the cervix, despite the protestations of some eminent gynecologists, was as unquestionably legitimate as any operation in gynecological surgery. Madden thinks by this procedure, when successful, the surgeon may rapidly and effectually remove every trace of a morbid condition, which if uncured, would probably entail a life of continual uterine discomfort, or become the seat of malignant disease at a future period.

*Tumors of the Breast.*—Dr. A. C. Garrett thought that many of the tumors of the breast could be cured if treated in the first stage by mild applications of electricity. He suggested simply surface applications of certain graduated, galvanic, steady currents, through peculiar, large, soft and moist electrodes, so adjusted, close to each side of the tumor, as to cause this gentle current to permeate through the mass for about half an hour at each sitting. Out of 186 tumors treated since 1864, 157 disappeared.

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### POSTAL BRIEFS.

**FECES IN THE AMNIOTIC FLUID.**—I was recently requested to take charge of a case of labor, and found the patient well advanced in the first stage. Presentation natural, etc.

The pains being very forcible, the membranes were soon ruptured and a large amount of fluid discharged, and with it an undoubted odor of feces.

As is my custom, I placed a dry cloth under the patient, thinking by that means to cover up the discharged fecal matter and make us both more comfortable; but with each recurring pain additional fecal odor was added, until I despaired of covering it up.

Fortunately the labor was soon terminated, and, to my surprise, the child, a large, fat, lively one, was smeared with soft, yellow fecal matter, a large amount of which was also discharged with the water, the odor and nature of which was such that I could not be mistaken as to its being feces.

Had the fetus been making a privy of the womb? is a question suggested by a medical friend.

In thirty years experience I have never seen anything like it. Neither do I remember an account of such a case in my reading. Do you?

WM. W. HOUSER, M. D.

**AMPUTATION AT THE SHOULDER JOINT.**—*Professor E. Younkin:* On the night of August 12th, I was sent for in haste by Dr. W. S. Watson, of Kirby, Ark., to render him such help as I could in a case of gun-shot wound. I have had an experience of three years in such wounds during the "great unpleasantness," but never have seen a shoulder wound as bad. It was a boy, æt. 14; the muzzle of the gun was within a few inches of the arm; the load, squirrel shot, entered the arm just above the elbow-joint, and ranged longitudinally with the humerus, bursting that bone into several pieces, almost to shoulder-joint; about one inch of the brachial artery was taken away, and the parts greatly mangled and burnt with powder, the shot and wadding scattering around the shoulder as far as the scapula. It was certainly a fearful looking case. Amputation at the shoulder-joint being the only alternative, I proceeded, with the assistance of Dr. W., to perform the operation, after Lisfranc's method. I washed the wound with carbolized water and brought it together with sutures, and ordered water dressing, and left the case under the care of Dr. W. He mended slow for the first fortnight, but subsequently did well, and is making a good recovery.

The feature of interest about the case was the unpromising condition; we could not dispense with all the mangled part; we had to utilize some of it in order to make a decent stump; our principal fear was extensive suppuration and sloughing, especially at the arteries, bringing about secondary hemorrhage.

A. STANDLEE, M. D.

**WHERE IS SANTONINE CONTRAINDICATED?**—I was recently called to see a little girl, æt. 5 years. She was much emaciated; no appetite; had every evidence of "worms;" had had a persistent diarrhoea for a month; the mother had been giving her worm candy, and a few worms were occasionally expelled. I ordered Carnrick's Soluble Food, and: R. Fl. ext. spigel., mar., fl. ext. sennæ, off., aa ʒss.; santonine, gr. x. M. S. Give a teaspoonful, in milk before each meal time. I also gave the mother three powders, each containing gr. jss. of santonine, to use till she could send to the drug store for the more potent vermicide. One powder was at once given to the child. In fifteen minutes it showed signs of acute poisoning; in an hour and a half the child was dead. Its bowels,

plainly felt through the emaciated abdominal muscles, seemed drawn into hard knots. I have often given the same-sized dose, from the same bottle, to even younger children. Please tell me how santonine produces death? Sincerely, F. A. REW, M. D.

**SANTONIN POISONING.** —Santonin is the active principle of Levant wormseed (*Artemesia Contra*), and is capable of poisoning of a more or less violent character.

Dr. Grimm reports a child, four and a half years old, with characteristic symptoms of poisoning from six doses, of nine-tenths of a grain each, administered every three hours. Dr. Snijders describes two cases of poisoning (not fatal) from santonin lozenges; one a child who had taken six grains of santonin; the other an adult who had taken four grains. Many other cases could be reported.

What is a poisonous dose? It appears that in some cases pretty large doses may be tolerated; in others quite small doses are poisonous. The maximum dose, I believe, is fixed at one and a half grains, and repeated until seven and a half grains are taken per day.

Yellow vision is the prevailing symptom; giddiness and headache often occur; nausea and vomiting is not unfrequent; trembling of the whole body, convulsions and trismus are seen in severe cases. The face becomes palid, the pupils dilated, and respiration is quickened; restlessness, loss of consciousness, involuntary evacuations of the bowels and bladder, and death may supervene in a few hours. The chief effects are no doubt on the nerve centres.

The treatment of santonin poisoning consists first in emetics; but when once the santonin poisoning is developed, no chemicals are known as antidotes. In collapse, alcoholic stimulants are given. Difficult respiration may be aided artificially; cold to the burning head, and warm baths and opiates are resorted to.

The contra-indications for santonin have never been noted, so far as my knowledge goes.—[EDITOR.]

**BROMO-SODA.**—During my voyage on the steamer Arizona I cured at least twenty-five cases of sea-sicknees by giving Warner & Co's preparation of "Bromo Soda" in large doses. I heartily commend it, as from personal experience it afforded great relief when other remedies failed.

W. C. DEANE, M. D.

## SELECTIONS.

### THE PATHOLOGY OF LUMBAGO.

At a recent meeting of the Society of Biology, Féré, in discussing the subject of lumbago (*tour des reins*) remarked that this affection consists in a pain, more or less severe, seated in the lumbar region, and manifesting itself suddenly after a violent effort. This pain disappears in a space of time, which may vary from one to four weeks. Valleix considers it as a "rheumatic pain," supervening in individuals predisposed, and seated in the muscles. It is generally admitted that "sprain in the back" (*tour des reins*) consists of a rupture of the muscular fibres, determining an effusion of blood and local pain. Fricard and Nielly regard it as a "neuralgia of the lumbar and sacral plexus," and they reject the theory of muscular rupture. The existence of a neuralgic element in certain cases of "sprained back," or lumbago, seemed to Féré to be put beyond doubt by a case which had come under his observation. Besides the lumbar pain, there existed certain *points douloureux* along the track of divers branches of the lumbar and sacral plexus. These painful points indicated "neuralgia of the superior, gluteal and obturator nerves and external popliteal branch of the sciatic." These three nerves can be affected simultaneously in only one point, namely, at the emergency of the fourth pair of lumbar nerves, which sends to them filaments. There was, then, reason to believe that Féré's patient had neuralgia of the roots of the fourth lumbar nerves. Féré thought it altogether improbable that this neuralgia could have been due to "compression or traction" of the nerve branches during the exaggerated contractions of the psoas muscle and external muscles of the vertebral column. Nor did the hypothesis of compression of nerves by blood effused from ruptured muscles seem to him probable. The only tenable hypothesis, then, was that of "neuritis or neuralgia."

No more common or more troublesome affection vexes the general practitioner than what is called *lame back*, *sprained back*, or lumbago, and what is the exact pathological condition cannot yet be defined. According to one of the most recent medical lexicographers (Robin), "lumbago is a very painful state of contractions (sic) suddenly manifesting themselves throughout a part of

the whole extent of the sacro-lumbar muscles, twenty-four to forty-eight hours after a chill. This pain, so keen during each contraction and extension of the muscles, is continued for eight or ten days, gradually ceasing, with or without treatment. There is no neuralgic condition of the skin. It is a manifestation in the sacro-lumbar mass of a state of the muscular tissue, which is sometimes also produced, under similar circumstances, in the trapezius, sternomastoid, deltoid, etc. Frictions, massage, sinapisms, galvanism, hypodermic injections of morphia or ether, the use of tighter belts or bandages, attenuate the pain and diminish its duration."

Senator (*Ziemssen's Cyclopaedia*) classes lumbago among the myalgias. It is sometimes due to a strain and muscular rupture; sometimes to cold and damp. True cases of lumbago, which are confined to the lumbar mass of muscles, are, he says, not likely to be confounded with neuralgic pains, which are apt to be of a wandering, fugitive character. The treatment is essentially the same, whatever may be the cause. Of late, remarkable results have been reported from methyl chloride spray.—*Med. and Surg. Reporter*.

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### JEQUIRITY.

As we have now completed the distribution of this bean to all our subscribers, we are daily in receipt of letters on its merits. The following are the conclusions arrived at:

1. *The Eye*.—An infusion of eight beans to eight ounces of water, filtered carefully, dropped into the eye in health, or in granular ophthalmia, opacity of the cornea or lens, causes a complete exfoliation of the entire mucous membrane, healthy or morbid, and thus removes the granulations, opacities, etc. Another method is a two or three per cent. solution of the pulverized decorticated beans, or three parts by weight of the powdered beans in one hundred parts of cold water, filtered, and dropped daily into the eye until exfoliation takes place.

2. *Mouth, Throat*.—Ozonized distillation of the jequirity, a strong ozonized aqueous extract, added to a little water, used as a mouth wash or gargle, causes a complete exfoliation of all diphtheric patches as fast as they form, effects the same result by inhalation; also annihilates the hybrid germs of syphilis and cancer on the tongue, tonsil or cheek.

*Reproductive Organs* of women suffering from leucorrhœa, catarrh, ulceration, induration, cancer germs, falling of the uterus, the use of the jequirity effects an entire revolution from disease to health in a short space of time. The contents of the capsules or wafers is specially prepared pulverized jequirity, with opium added to keep down irritation. One or two inserted up the vagina at bedtime, and permitted to dissolve, will cause a complete exfoliation of all the mucous membrane with which it comes in contact. It does its work rapidly and effectually.

The peculiarity noted by all is, that it effectually performs its work; that it causes an exfoliation, and never leaves a raw or abraded surface of the mucous membrane. It is a potent antiseptic.—*The Germicide.*

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### CHIAN TURPENTINE IN THE TREATMENT OF CANCER.

Dr. John Clay, of Birmingham, England, writes as follows concerning the administration of Chian turpentine in cancer: "Success in the treatment of cancer by this drug depends upon: 1, the mode of its administration; 2, the stage of the disease; 3, the complications by which the growth is attended; 4, the persistence of the treatment. The idiosyncrasy of the patient will also influence more or less the rapidity of action of the drug; in one case the good results will be apparent in two or three weeks, while in another it will be as many months before the external appearances will give evidence of any beneficial action. If there is no perceptible increase in the growth in the course of two or three months, it may be relied upon that the drug is exerting a favorable action, and, other things being equal, the ultimate success of the treatment will depend upon perseverance in its continuance. Everything depends upon the purity of the drug, for there is an immense amount of adulterated and fabricated stuff in the market. There is *prima facie* evidence of the genuineness of the gum if no violet odor is communicated to the urine, and if no skin-rash or cutaneous irritation is manifested after the lapse of a few weeks. The external application of a chronic-acid solution (twenty or thirty grains to the ounce of water) to a cancer in a state of ulceration is sometimes useful. The following is the formula for preparing the mixture as published by the



dispenser to the Queen's Hospital, Birmingham: "An ethereal tincture is first made by mixing equal parts of Chian turpentine and ether, and shaking frequently in a well-corked bottle until all soluble matter is dissolved. An emulsion is then prepared in the following manner: Place in a large mortar two hundred and forty grains of powdered acacia and fifty grains of powdered tragacanth and one ounce of the tincture of Chian turpentine, mix, and add, all at once, a fluidounce of water, triturate until an emulsion is formed, and then dilute gradually up to eight fluidounces. Two fluidrachms will contain seven and one-half grains of the pure drug—the initial dose. All trace of ether must be removed by exposure in an open vessel, preferably in the cold." Those cases are the most suitable for treatment in which the disease effects the skin or mucous surfaces, and the earlier the treatment is begun the better is the chance of success. When the lymphatics are extensively involved, or when the disease has invaded the peritoneum, pleura or vagina, the drug can be recommended merely as a palliative. In cancer of the uterus or rectum, if treatment has not been begun very early, disease of the kidney (not necessarily of a malignant character) is apt to arise. If this condition becomes manifest, the action of the drug will require careful watching, and it may be necessary to abandon its administration altogether. It is advisable, after the medicine has been taken for two months, to omit it for two days in each month, beginning again with it in the same dose that was being given at the time of its discontinuance. Opium, in large doses, is antagonistic to Chian turpentine, and should be given only when absolutely necessary because of severe pain, and then only in small doses—about seven minims of the tincture, incorporated in the mixture. The combination of resorcin with the Chian turpentine (two drachms to eight ounces of the above mixture) is sometimes beneficial. The mixture is given in doses of one teaspoonful in cold milk three times a day, after meals, increased in two weeks to two, and in two weeks more to three teaspoonfuls. Its administration is to be persevered in for a long time. Too speedy results are often expected from the remedy, and hence it may be abandoned too early before it has received a fair trial. If the disease seems to be arrested at the expiration of a few weeks it is quite sufficient to justify a continuance of the drug. After the

arrest of the disease the remedy must be continued until some obvious change takes place, and it must be administered continuously, in increasing doses, under any circumstances, even if some apparently discouraging conditions arise. Dr. Clay adds some remarks concerning the administration of the remedy in individual cases, which, however, we are obliged to omit on account of the pressure on our columns.—*Med. Rec.*

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**SULPHATE OF SPARTEINE.**—From his own researches into the action of sulphate of sparteine, Dr. Gluzinski draws the following conclusion: 1. The main effect of sparteine consists in slowing the cardiac action and raising the blood-pressure, which effect in cold-blooded animals is more pronounced than in the warm-blooded (mammals). 2. In the latter there may be distinguished three periods of the drug's action, in the first and third of which the retardation is more marked than in the second (in this even a quickening of the heart may sometimes be observed). The phenomena are to be explained by changes in irritability of the pneumogastric nerves and of the cardiac muscle. 3. Reflexes are at first increased, but subsequently lowered. 4. Death follows from asphyxia, and is dependent, not only upon a lesion of the medulla oblongata, but also upon that of the respiratory muscles. 5. Therapeutically, sparteine may be of use in such cases of uncompensated cardiac disease, (*a*) "where the patient's state does not permit us to wait for a full development of the action of digitalis" (here sparteine may be given as an adjuvant to digitalis); (*b*) where digitalis remains inactive; and (*c*) where the latter is contra-indicated. 6. In uncompensated cases the administration of sparteine is followed already in an hour by an improvement of the pulse and subjective symptoms; cardiac arrhythmia, however, does not disappear. 7. As to energy of action, sparteine is inferior to digitalis.—*The London Medical Record.*

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**SWALLOWING A PILL.**—Many people say they can't swallow a pill. To such persons—place the pill under the tip of the tongue, and say to them: "Don't try to swallow the pill, but try and hold it under the tongue while you take a drink of water." They are surprised to see with what ease it slipped down the throat.

### *MEDICAL AND SURGICAL ITEMS.*

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**DIPHTHERIA.**—Kaczorowski thinks that to destroy the existing membrane is not as important as to disinfect the mucous membrane which is still uninvolved, and protect it and the rest of the organism from septic infection. For this purpose, a mixture of pure alcohol, camphor and benzoic acid is recommended. To act upon the false membrane, a solution of one per cent. of salt and one-half per cent. of tincture iodine may be taken, in half teaspoonful dose or teaspoonful doses, every quarter hour; and this may be used with a spray, if the nasal membrane is involved. The patient should get abundance of fresh air, and a dose of castor oil should be given every day.

**CARBOLIC ACID IN RINGWORM.**—Wilkinson, in the *Lancet*, recommends the following method in ringworm: "Take a tooth-brush and cut the bristles short, and with this use pure glacial carbolic acid, rubbing thoroughly into the hair roots. Wash the head from time to time, but a second application is seldom necessary if the first is thoroughly done."

**INJECTION FOR HEMORRHOIDS.**—Dr. O'Neal (*Medical Summary*) uses the following fluid: R. Carbolic acid, glycerine, water, each ʒij.; tannic acid, ʒj. M. From 3 to 8 drops injected into the tumor. Not to be used while inflamed; not to be deposited so deep as to involve the rectal wall; not to inject more than two tumors at one operation. The pile sac disappears in a week or ten days, without causing a slough or pain productive of any inconvenience, and another may then be operated on.

**NEW REMEDIES FOR THE MORPHINE HABIT.**—Dr. Oscar Jennings (*The Lancet*) announces the discovery of certain drugs, which, he says, will enable a person who is desirous of leaving off the morphine habit to carry his intentions to a successful issue. He describes the habit as possessing an organic distress, and cerebral craving, the first of which is relieved by *sparteine*, and the second by *glonoin*, from which drugs the patient may get relief from his craving, until the system has accommodated itself to the absence of morphia.

**PAINFUL HEMORRHOIDS.**—Dr. Kinnaird thinks the following beats the carbolic squirt-gun practice: Anoint the inflamed pile several times a day with fl. ext. garlic, 1 part; glycerine, 2 parts. Mix. If the pile is internal, about one drop is injected within the sphincter ani.

**TREATMENT OF SCIATICA.**—Metcalf, of New York, says that no prescription for sciatica has ever equalled in efficacy the following: R. Tinct. aconit. rad., tinct. colchic. sem., tinct. belladonna, aa 3j. M. S. Dose, 6 drops every six hours.

He also uses triturate tablets, each containing three drops of the following: tincture of aconite root, tincture of actea racemosa, equal parts by volume. Dose, 1 every four or eight hours.—*Jour. Am. Med. Asso.*

**TO OBVIATE THE DISAGREEABLE EFFECTS OF OPIUM.**—Dr. A. G. Auld (*Lancet*), to get rid of the resulting headache, sickness and loss of appetite in the use of opiates, where belladonna and atropia have heretofore been used, but are objectionable on account of these drugs being antagonistic, gives ether and opium instead—to a dose of tincture of opium an equal quantity of ether—and thinks it a most useful mixture.

**MICROBES AND SUPPURATION.**—A. Zuckermann (*Centralbl. f. Bacteriologie u. Parasitenkunde*) relates his experiments upon suppuration, which have led him to these conclusions: That no chemical, mechanical or thermic influences can excite suppuration if they are wholly free from microbes; and in cases where these causes apparently act, it is probably through some pyogenic microbe.

**NITRO-GLYCERINE.**—One of the most valuable remedies in the materia medica in small doses, frequently repeated—a powerful agent to relieve increased blood-pressure in headache, asthma, angina pectoris, nephritis; in the latter it checks the escape of albumen.

In using nitro-glycerine, begin with drop doses of a one per cent. solution, in water, every three hours, and increase until the maximum dose is ascertained, which should be within the limits of intracranial pressure and flushing of the face.—*The Germicide.*

**PSORIASIS.**—The use of ozonized sulphur water, both internally and locally, is attended with the most salutary effects in all cases. To parts of the body in which a lotion is not applicable, the following formula effects excellent results: Chrysarobin, 10 parts; salicylate, 10; ether, 15; collodion, 100 parts. Paint on twice daily. —*The Germicide.*

**CEREBRAL TUMORS.**—Dr. E. C. Seguin (*Jour. of Nerv. and Mental Dis.*) says that many of the symptoms of cerebellar tumors may be controlled, and the disease retarded materially, by the free use of iodide of potassium. The remedy should be given in full doses, irrespective of age—from 100 to 300 grains per day, largely diluted.

**ASTHMA.**—To whatever cause or source asthma may be due—to a peculiar nervous organization, to germ-laden blood, or some reflex irritation—there is invariably present in the bronchi the disease-germ amœba. This invariably gives rise to spasmodic asthma. For this, the syrup hydriodic acid is invaluable, affording relief when all other remedies fail. It should be administered freely. It enters the blood, and destroys all germinal matter in that fluid.

In alternation with drop doses of nitro-glycerine (1 per cent. sol.), the following is of great utility: *R.* Fl. ext. grindelia robusta, ℥j.; fl. ext. lobelia, ℥ij.; fl. ext. belladonna, gtt. xxx.; iodide potass., ℥ij.; syr. tolu, ℥iv. *M.* A teaspoonful frequently. — *The Germicide.*

**EPILEPSY.**—In some very obstinate cases of epilepsy of long standing, deemed incurable, we have been successful with the following formula, administered every three hours in teaspoonful doses: *R.* Brom. sodæ, ℥ss; brom. potassæ, ℥vj.; liq. potass., ℥j.; tinct. columbo, ℥ij.; ext. musk r., Syr. zingiber, aa ℥ij. *M.* Alternate with two-drop doses of tincture of *cœnanthe crocata* (water hemlock, cowbane).

We have found the following of great efficacy: *R.* Ozonized ext. musk r., ℥iv.; brom. potass., brom. soda, aa ℥j.; fl. ext. conium, ℥ij.; Fowler's solution, ℥iv. *M.* One teaspoonful every three hours. — *The Germicide.*

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EDITOR AND PUBLISHER.

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Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited,

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## EDITORIAL.

### THE MEDICAL UNION MOVEMENT.

On picking up the *Medical Standard* for October, we observe an editorial, which, if analyzed, will show some of the obstacles in the way of effecting a union among physicians of the different schools.

The editor says: "The question of union between the various medical sects *and the regular profession* is being actively discussed by many regular and irregular journals, and the trend of medical sentiment seems to incline in its favor."

Had the editor left out of this sentence the words we have italicized, the sentiment would have been better expressed, and special

bias and distinction would not have been made. Doubtless, the intention was to convey the idea that the so-called regulars occupied a higher position than that of a sect, and being higher, therefore holier, and no accessions to make; and whatever shifting of base is to be made, it must be done on the side of sects and not with the regular profession.

The editor alluded to says: "This 'feeling of union' found expression in the address of President Wenger, in the Illinois Medical Society," who said: "If I were to offer anything to this Society for its advancement and usefulness, it would be to urge the organization and encouragement of local societies, insisting *that every man holding* a certificate from the State Board of Health should become a member of some local society. \* \* \* The suggestion of Dr. Wenger has been followed by physicians in Englewood, Ill., who have organized a medical society on the basis indicated." But the editor of the *Standard* does not seem satisfied with this kind of basis. He says: "At the outset, the question naturally arises whether such procedures do not conflict with the American Medical Association code of ethics." What a pity this would be if such a union should be found in conflict with that old code! Like a good many others, I imagine I hear the editor say: "I like that idea of union, but then, if it is in conflict with the code of the American Medical Association, I can't give it my support." Yes; that would be the awful sin from which there could be no forgiveness in this world nor in the world to come. "This particular sin," says the editor "cannot be justly charged to the code" (no; that would be sacrilege), "which simply prohibits consultations with physicians practicing under an exclusive title."

At this juncture, it can be seen that the writer of the quoted sentences had views so narrow as to lead him to believe that the American Medical Association is "*The Medical Profession*," and its code is the only basis agreeable to his ideas of union. Indeed, he says: "The instant they (the sects) cease to practice under the title of homeopathist, eclectic, botanic, or physio-medicalists, and assume to be simply physicians, that instant consultation with them can occur in full harmony with the code." Now suppose, for argument's sake, that we are all united and under the guidance and protection of the code of the American Medical Association, then what would

we be? Would we be simply physicians? No. We should not expect to differ from those who have gone in before us; we would be regulars, and would be compelled to wear this unmeaning misnomer, just as others are forced to do now.

The editor of the *Standard* plainly states that "there is no necessity of going outside the essential principles of the old code to effect this union." This is his view of the case, and it bears the marks of narrowness and extreme bigotry. It is a well-attested fact that the old code has thus far been insufficient to accomplish any such purpose, and that its exclusiveness has kept out men fully up in education and equally as devoted to medical science as those who train under its banner.

But this writer, like others of the American Medical Association, prates long and loud on such expressions as "exclusive titles" and "exclusive dogmas." These allopathic boomerangs are hurled with the force of javelins against all other medical parties, but may we not honestly inquire—Whose title and dogmas are the most exclusive? Can any man suppose for one moment that the allopathic profession possess none of these? What title is more exclusive than "regular?" What class of medical men are more exclusive than the regular sect?

Their exclusiveness has gone down to history, and is written in capitals on every college door-plate. Let a man knock at the door for admission—though he possess all knowledge, and can repeat his anatomy, physiology, materia medica and therapeutics; though he has the science of obstetrics, the practice of medicine and of surgery, by heart; and though he understands mathematics—is perfect in all the sciences; and though he has drunk at Greek and Roman springs—if the sciences appertaining to medicine have been taught him outside of the so-called regular school, he cannot enter, except he become as a little child, bow at the feet of allopathy, absolutely learn them over—not new, but the same—then turn and curse the mother that reared him. Exclusive dogmas!! Was there ever a dogma more exclusive than this?

Well did Austin Flint, when President of the American Medical Association, say: "Exclusive dogmas have prevailed, to a greater or less extent, in past time among members of the regular profession." Hence, it illy becomes the dominant school of medicine to talk of exclusive titles and exclusive dogmas.



We may just as well take this bull by the horns right here. The day has come when we have a right to protest against this enemy to union and medical liberty. Public interest is beginning to turn its eyes in this direction, and our day demands a free and open discussion of the subject.

I want our men to stand abreast on the question of medical union. I want it understood that we are in for union on a proper basis, but we are not yet tired of our present position. It is the only one we can occupy under the present circumstances. We are not ready to rush into another party and to subscribe to the dogmas of allopathy or homeopathy. The union chip is on our shoulder, and we dare our neighbors to knock it off.

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### THE RESULT OF SPLENECTOME.

Mrs. Mary Thomson, of Wichita Falls, Texas, the lady whose spleen we removed about three and a half years ago, has been visiting the Exposition and Fair of St. Louis. She is enjoying perfect health, and bears fatigue as other folks. Her color of countenance is unchanged from that of health; the remaining organs seem to perform their proper function—a proof that the spleen may be dispensed with. Whatever office the spleen performs seems to be provided for in some way. It is supposed that this organ is concerned in elaborating the albuminous materials of food and for a time storing them up, to be gradually introduced into the blood according to the demands of the system.

Hewson suggested that the spleen, and some other vascular glands, are, like the lymphatic glands, engaged in the formation of blood-corpuscles, as the splenic vein contains an unusually large amount of white corpuscles; and in the disease leucocythæmia, in which the pale corpuscles are increased in number, there is almost always found an hypertrophical state of the spleen; and accordingly there seems to be a close analogy between the function of the spleen and the lymphatic glands, the former elaborating albuminous principles for the new corpuscles out of the alimentary materials absorbed, and the latter discharging a like office on the nutritious elements taken up by the general absorbents.

It is generally regarded that the development of colorless corpuscles is an essential function of the spleen, and are from thence conveyed into the general current of circulation.

It is supposed, also, that when the red corpuscles have performed their office and are worn out, they undergo disintegration, and are received by the spleen, where they are changed into pale corpuscles and pigment cells.

Besides these, it is supposed that the spleen fulfils some purpose in regard to the portal circulation, from the fact that it is small in gastric digestion and enlarged when that act is concluded, thus supposed to act as a kind of reservoir to the portal system.

Schiff believes that the spleen manufactures a substance, without which the pancreatic juices cannot act upon the proteids, so that when the organ is removed the digestive action of the pancreas is stopped.

Some of these theories will either have to be given up, or else the wonderful compensating power of other organs must be more fully shown.

In the case above referred to, the adjustments have certainly been most perfectly made. It is true that for a year after the operation the patient was quite nervous and the appetite variable, but owing to the pressure of the spleen upon the uterus prior to its removal, it left the uterus in a state of prolapsus, which I supposed accounted for the nervous phenomena. The uterine ligaments have regained their tonicity, and our patient now enjoys good health and the company of her friends.

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### RECKLESS SURGERY.

Mistakes in diagnosis do sometimes occur with the best of surgeons, but an operation performed to display deeds of daring is, of all things, the most contemptible. A notoriety sought by enticing some poor, unfortunate sufferer to become the victim of an operation, where the reporter of the secular press may record the marvels of surgery, with the name of the operator graciously bestowed, is a scheme of vanity.

The operation once done, the results are often hidden and passed unnoticed, save in the death records of the City Clerk, or, if perchance a recovery, it is often "the first of the kind in this country."

An occurrence took place in this city, October 15th, the details of which may not be anxiously related, as it turned out to be more embarrassing than had been expected. A certain surgeon, of Heid-

elbergian skill, stated to his class that he had an ovarian tumor—nice and round—to be operated on. Several associate physicians were invited, and a select few of the students were permitted to witness the operation. The young surgeon, after detailing the nature of the case, proceeded, and soon the mass was reached. “Here, gentlemen, you see the walls of the tumor. We shall now use this trochar. Here you see the celebrated cystic fluid.” The contents not running out, the knife was used, and—Lo! A baby! Now it was seen that the sac was the womb, and the tumor the foetus of 7½ months gestation. Searching now for an excuse for the operation, a small nodule was found on the posterior aspect of the womb. The womb, though containing a child, was pronounced in a state of disintegration, and the young surgeon, not to be beaten, removed the uterus also. Upon the discovery of the mistaken diagnosis, some of the more sensitive twisted their faces, and were to be seen escaping through the door.

How long such heroism and recklessness will be tolerated, we have no means of knowing, but it would seem that there ought to be some point where an embarrassed operator should pause.

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### **BOVININE. WHAT IS BOVININE?**

Bovinine is the meat juices, obtained by subjecting the muscular tissues of healthy animals (no fat being used) to a centrifugal process, by which the component parts, in consequence of their different degrees of specific gravity, are separated and defibrinized, yielding not only the albuminous, but the extractive properties of the meats. The juices thus derived are said to contain all the elements of value and are especially rich in the albuminous, or nitrogenous, substances so indispensable to the renewing of exhausted vitality, and the replacement of waste and worn-out tissues. To these nutrient forces is added the albumen of the egg in an uncoagulated condition, capable of rapid assimilation. The incorporation of a portion of glycerine is added to render the compound bland and pleasant, and a limited quantity of pure old bourbon whisky serves as an antiseptic and preservative. No medication whatever enters into its composition.

To devise a means by which all these elements, so richly endowed with nourishing properties, can be held in solution in a raw

state without decomposition or fermentation is a great desideratum. In bovine the blood corpuscles remain intact, as there is no heat employed in its manufacture, and thus a most important vital force is retained. All the soluble products of animal food are utilized and rendered available because they are left in an uncoagulated or natural state and are absorbed directly into the system in a manner approximating the transfusion of blood. Bovine can be administered with benefit in every known ailment of the human body, from five drops given to the child of three days' old, dying of inanition, to the maximum dose of four tablespoonfuls daily, to sustain the adult patient through the crisis of wasting disease. It can be used as an enema with splendid effect and life thus prolonged almost indefinitely. Beef tea, formerly relied upon in critical cases, has fallen into disfavor, having been proved to contain no nutrition and capable of acting only as a temporary stimulant. Dr. Fothergill, in the *British Medical Journal*, thus dismisses it from his category of food: "The popular belief that beef tea contains the 'very strength of the meat' is a terrible error; it has no food value whatever." Again, the same high authority declares that "Dietetics in therapeutic matters is the absorbing topic of the present time." Bovine is said to comprise in a twelve ounce bottle the nutriment of ten pounds of steak, and it will satisfy the craving hunger of the consumptive when all other means fail.

In typhoid fever the pathological conditions present in the large and small intestine about the ileo-cæcal valve from the inflammation and suppuration of the agminated and solitary glands demand a food containing no excrementitious matter, while the depressing effects of the disease upon the vital powers through the nervous system makes a highly nutritious and stimulating food absolutely necessary.

These indications for a food are met in Bovine, which contains all the albuminoids of beef and mutton in a very concentrated form, unchanged by heat or chemicals, as well as its stimulating meat salts. The process of its extraction also insures perfect freedom from extraneous substances.

Bovine alone, or as an adjuvant to the milk diet ordinarily employed, is of the greatest benefit in either the acute stage of the disease or during convalescence from it, as it is readily borne by

the weakest stomach, and is acceptable to the taste of every patient.

In the vomiting of pregnancy the extreme difficulty of nourishing the patient is obviated by Bovinine given in small doses frequently repeated. This symptom of reflex action cannot always be entirely controlled, but its frequent recurrence is diminished, better nutrition assured, and the danger to life from inanition averted.

In all cases where rectal alimentation is necessary, no more eligible food preparation can be found than Bovinine. Reports of several cases are at hand showing increase of strength and weight in patients nourished for weeks upon Bovinine exclusively, administered in this manner.

In diphtheria, a disease characterized by extreme prostration and rapid failure of the vital powers, where there is the most marked indication for a stimulating diet capable of bringing almost instant response, Bovinine is a most reliable food, its concentration and fluidity recommending it on account of the local lesions in and about the pharynx, while its nutrient value is demonstrated by its adaptation to the excessive prostration incident to the disease.

In disturbances of the intestinal tract accompanied by gastric irritation; in cancer of the stomach or rectum; in supplying the waste of albuminuria in the marasmus of infancy or old age; in scrofulous conditions; in phthisis, and in so-called dyspeptic conditions, Bovinine will be found of signal service, securing better nutrition and assimilation, and alleviating the conditions present. Bovinine is a raw food and is neither partially or wholly digested, so that when given in cases of enfeebled digestive powers, it does not still further increase the inability of the gastric forces to perform their work, but restores them by its physiological stimulation to their normal effectiveness.

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### DIPHTHERIA IN ST. LOUIS.

At the Allopathic Medical Society of St. Louis, held September 17th, the attention of the Society was called to the sensational reports published in some of the newspapers concerning the prevalence of diphtheria in this city. The accounts were thought to be greatly exaggerated—that while there was a good deal of diphtheria, it had by no means assumed the proportions represented.

Dr. Dudley, the Health Commissioner, then read some statistics, showing the prevalence of the disease during the late summer and fall of 1886. The number of cases gradually increased from July to November, when the highest number reached over 600, after which the disease declined. During August of the present year there had been 257 cases, with 62 deaths; and so far in September (17th) there had been 269 cases, with 69 deaths, a larger ratio than any month of last year. The disease is confined mainly to a few districts in the city, and the Board of Health is taking every precaution to prevent the spread of the disease.

So far as our experience goes, and from the per cent. of deaths reported, we would say that only in a very few instances has the disease presented anything like severity.

In a few instances, in the domiciles of the poor, children have been crowded together in one room, the well sleeping with the sick and breathing the same atmosphere, which has been impregnated with the germs of the disease.

It is sometimes a difficult matter to properly impress the parents of diphtheritic children with the importance of isolating the well children from the sick-room, and to keep the sputa and cloths saturated with the saliva from being thrown over the floor and piled in the corner.

It is a bad practice in the physician to use from mouth to mouth the same spatula and probang, without thoroughly cleansing and disinfecting, or to suffer the nurse or parents to use such articles in the absence of the doctor in attendance.

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### **ASEPSIN—THE NEW ANTISEPTIC.**

Asepsin is one of the numerous coal tar series of substances. It is a definite chemical compound, and, in consequence of its property of developing wintergreen oil by the action of an acid, was named "nascent wintergreen" by its discoverer, J. U. Lloyd, who had not its molecular formula.

It is only during the past year that it has been obtained in crystals, dry and pure. The substance was then placed in the hands of Prof. A. J. Howe, M. D., to investigate therapeutically.

In accordance with the fact that it proved in Prof. Howe's hands to be of peculiar value, at Prof. Howe's suggestion the condensed name, *asepsin*, was used. This expressive term informs physicians

of its properties, as understood at present. Prof. Howe gave it a slight notice in the *Eclectic Medical Journal*, May, 1884, p. 241, and then Prof. J. A. Jeancon, M. D., investigated the substance, both clinically and chemically. He considers it a *hydrated dioxy-methylo benzoate of sodium*, which name is too cumbersome for common use, and we prefer *asepsin*.

Asepsin is a crystalline, white powder, of alkaline reaction, a sweet, strong wintergreen taste; it thus differs from most other substances that possess antiseptic properties, although the antiputrefactive property is but one of its characters. When first made, asepsin is odorless, but in the process of drying a perceptible wintergreen odor is developed, and perhaps, this gradual liberation of wintergreen oil in a *nascent* condition gives to the substance its remarkable properties. If asepsin be added to acetic acid, or a dilute mineral acid, it immediately decomposes, *pure wintergreen* oil separating in globules. This property led to the use of the term "nascent wintergreen," and we consider it very appropriate. Solutions of asepsin, even very dilute, impart a purple color to solutions of ferric salts.

Prof. A. J. Howe and Prof. J. A. Jeancon contribute as follows:

"I am now employing asepsin where I have previously used boro-glycerid, carbolic acid, mercuric bichloride, etc., and obtain the most satisfactory results. In eczematous and epitheliomatous manifestations asepsin may be utilized to advantage. It may be mixed with vaseline as a vehicle, or with any nice cerate. It may be used in the nose, instead of menthol, to ease headache and to prevent nervous rigors of various kinds, especially those of tuberculosis. In the future I expect to use asepsin to keep wounds as free as possible from putridity. The agent is not expensive, and consequently economical, considering how far a small quantity will go.

"I found it to do excellent service in relieving a case of dyspeptic flatulence, and in minute doses it encourages digestive action. In as large as grain doses it increases respiratory activity, and slightly raises the temperature of the body.

"I would say that clean hands wetted with a solution of *asepsin* before manipulations are made constitute about all there is in midwifery antiseptically conducted. Clean beds, napkins, towels and binders are aseptic, and need not be medicated with antiseptic solutions. If coagula and fragments of the placenta remain in the

uterus, the cavity of the organ should be douched with a warm and weak solution of asepsin. Ten grains to a pint of water will make the antiseptic strong enough to wet the obstetrician's hands, or to be used as an intra-uterine injection. If a tampon be employed in the vagina, it is well to wet the fabrics forming the plug with the least objectionable aseptics known—with a solution of asepsin. Carbolic acid and efficient solutions of corrosive sublimate are irritating and poisonous.

"The blades of forceps and other obstetrical instruments should be mopped with a solution of asepsin before use.

"Lloyd's asepsin is proving one of the most valuable antiseptics known. Instead of being offensive in odor, as in carbolic acid, a solution of asepsin is agreeable to the sense of smell."—[HOWE.

Especially valuable as a dressing for wounds and sores. It destroys all grades of lower organic life, vegetable or animal, and keeps the wound clean and healthy.

It prevents putrefaction and a fresh fish will keep longer in a one per cent. solution than in either boro-glycerid, boric acid or carbolic acid, and it does not, like salicylic acid, alter albuminous material.

It is not offensive to the taste or smell; on the contrary has a pleasant wintergreen odor and taste.

It has no give-away smell like carbolic acid.

It does not harden the tissues like salicylic acid; on the contrary keeps them soft and pliable. It is the only antiseptic that has these properties.

It is not poisonous like corrosive sublimate, and while overdoses internally would produce a burning, unpleasant sensation, the irritation is less than that of carbolic acid.

In weak solutions, such as should be used, it is entirely harmless. Ten grains in a pint of water is strong enough for antiseptic surgery.

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### BOOK NOTICES.

DIET IN CANCER—Theoretical Considerations and a Full Text of Nine Cases.—By Ephraim Cutter, M. D.

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INTUBATION OF LARYNX.—Papers read before the New York Academy of Medicine, of June, 1887, by Jacobi, Joseph, O'Dwyer, F. Huber, D. Brown, W. P. Northrup, J. H. Hance and F. A. Caille.



**OVARIAN TUMORS AND REMARKS ON ABDOMINAL SURGERY, with the Results of Fifty Cases.**—By Edward Borck, A. M., M. D.

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**THE TECHNIQUE OF TRACHEOTOMY AND INTUBATION OF THE LARYNX.**—By Charles Godwin Jennings, M. D.

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**RENAL COLIC, PARASITIC AND CALCULUS—A Criticism.**—By J. B. Marvin, M. D.

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**ON THE TREATMENT OF DIPHTHERIA AND DYSPEPSIA WITH PAPOID.**—By Johnson & Johnson.

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**DIARRHŒA AND DYSENTERY.** Modern views of their Pathology and Treatment.—By A. B. Palmer, M. D. This is No. 3 of the Physician's Leisure Library, 1887. Published by Geo. S. Davis, Detroit, Mich.

This little brochure of 120 pages, contains a concise and interesting treatise on these subjects.

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**DISEASES OF THE HEART.**—By Dugardin Beaumetz, M. D. Vol. I of Leisure Library, 1887. 179 pages.

A treatise by this author needs no comment. Paper cover, 25 cts.; cloth, 50 cts.; or the series of 12 for \$2.50 and \$5.00

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**REFERENCE HAND BOOK OF THE MEDICAL SCIENCES, VOL. V.**—By Albert H. Buck, M. D., embracing the entire range of Scientific and Practical Medicine and Allied Science, by various authors. Illustrated by chromolithographs and fine wood engravings. Published by William Wood & Co., N. Y. Price \$6, \$7 and \$8 per volume.

This is the most comprehensive work of the kind within the range of my knowledge. It is a library within itself—a cyclopedia no physician with an investigating mind can afford to do without.

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**INSANITY; ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT.** A manual for students and practitioners of medicine.—By E. C. Spitzka, M. D. 423 pages, cloth, \$2.75. E. B. Treat, 771 Broadway, N. Y.

The general practitioner requires a knowledge of Insanity that he may be able to diagnose the disease in its incipency, and to make

a creditable showing when called before a court to give testimony. This is a work giving a very systematic classification of the various forms, and directs how to examine an insane person; also giving some general principles of treatment. The author differs from some of the accepted classified themes. This is the second volume of Treat's Medical Classics. It will be found a work of merit and interest.

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DISEASES OF THE FEMALE MAMMARY GLANDS.—By Th. Billroth, M. D., of Vienna, and NEW GROWTHS OF THE UTERUS, by A. Gusserow, M. D., of Berlin. Illustrated. These two works constitute Vol. IX, of the "*Cyclopædia of Obstetrics and Gynecology*," (12 vols. price \$16.50) issued monthly during 1887. New York: William Wood & Co.

These two volumes in one, form a very handsome book of 426 pages, and are exhaustive works on these subjects.

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A MANUAL OF THE PHYSICAL DIAGNOSIS OF THORACIC DISEASES.—By E. Darwin Hudson, Jr., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Co.

We have works on physical exploration of the chest more exhaustive than this book, but none better illustrated nor any more clear in its teaching; indeed, I believe this book is more systematically arranged and better adapted to convey to the beginner the correct impressions of this subject. A subject, too, that many physicians would do well to inform themselves better. Having taught physical diagnosis, I am prepared to recommend this book as a useful aid in the study of this subject.

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THE PHYSICIAN'S PERFECT CALL BOOK AND RECORD.—By Dr. G. Archie Stockwell, F. Z. S. Published by Geo. S. Davis, Detroit. Price, \$1.50.

This is the most perfect Call Book and Record I have seen. I find nothing objectionable about it. The size is well adapted to the pocket; the leather is good, and the binding a specimen of good

workmanship. The first page opens with a table to convert grains into grammes, and metric notes; the second is an obstetrical table conveniently arranged and colored; the third is differential diagnosis of eruptive fevers. Then follows the calendar, posology, table of doses, thermometry, abbreviation, table of signs and useful hints. In the back part, Sylvester's method of artificial respiration, poisons and antidotes. But it is in the body of the Call Book that we prize most. Each page is arranged for 32 patients; no useless columns; a place for names and dates; a column for amount debtor, and then a credit column; a column for full bill and for general remarks. Further on we have obstetric record, ledger account, vaccinations and general memoranda.

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### NOTES AND PERSONALS.

—HIPPOCRATES said: "To know is science; to pretend to know is ignorance."

—ANNALS OF GYNÆCOLOGY is a new monthly review of gynæcology, obstetrics and abdominal surgery, published in Boston, Mass., edited by E. W. Cushing, M. D. The first number began with October.

—ABERNATHY once said: "Private patients, if they do not like me, can go elsewhere; but the poor devils in the hospital I am bound to take care of." I wonder if some of our modern private hospitals are not founded on that fact?

—DR. G. H. QUAY says: "I have used the inorganic substances called 'Crystalline Phosphate,' and am pleased with its action. Where indicated, I think it should be prescribed instead of iron tonics, so-called, which eventually tend to debilitate the system.

—DR. PITTS, speaking of Tongaline, says: "For years I have been a great sufferer from neuralgia in the head and eyes, and also from articular rheumatism. I tried Tongaline, and the first dose gave relief; in fact, acted like magic, and the subsequent use of the preparation drove away all pains."

—THE Anatomy Board of the State of Missouri is composed of Demonstrators of Anatomy of all medical colleges in good standing in the State. The American Medical College has begun its work of dissecting, and its clinical lectures go on every week (Friday) at the City Hospital.

—ADVANCED sheets of "The National Eclectic Medical Association" (Seventeenth Annual Meeting) have been sent to us, showing a completion of its publication in the near future. Those having articles presented at this meeting or reported by title, should send them immediately to Alexander Wilder, M. D., Newark, N. J.

—PROF. JOHN KING, M. D., of Cincinnati, is known all over this country as an excellent writer, a ripe scholar and learned physician. Another book has emanated from his pen. This time it is dedicated to the Knights of Labor, and to all true friends of human progress, equality and freedom. The book is titled "The Coming Freeman,"

—WHEN President Davis was about to deliver his address to the Medical Congress, he called upon Dr. Sayre, of New York, to fill the chair, while he performed his duty. Dr. Sayre, who is slightly lame, came over to the President's chair, and, as he took it, he remarked: "I don't know that any man can fill the chair of Dr. Davis, but I'll hobble towards it."

—PROF. LOISETTE'S new system of memory training, taught by correspondence at 237 Fifth Avenue, New York, seems to supply a general want. He has had two classes at Yale, of 200 each, 250 at Meriden, 300 at Norwich, 100 Columbia law students, 400 at Wellesley College, and 400 at University of Pennsylvania, etc. Such patronage, and the endorsement of such men as Mark Twain, Dr. Buckley, Prof. Wm. R. Harper, of Yale, etc., place the claim of Prof. Loiset on the highest ground.

—DR. D. E. BARNES, Professor on the Eye and Ear in the Indiana Eclectic Medical College, has been removed by the Board of Trustees of that institution. It seems that the doctor has been afflicted with that species of "cussedness" known in medical parlance as "bombastic advertising," wherein he displayed circulars that were liable to mislead the laity and cause the public to expect results never to be realized.

—DR. C. O. CURTMAN, of St. Louis, has made some recent investigations as to the amount of lead in our hydrant water. At first the amount of lead seemed somewhat alarming, but in more recent investigations he has found only small quantities. It is supposed that the first supply contained more lead owing to the fact of a greater quantity of sharp sand, which acted as scouring upon the

lead pipes. We presume that the newer the pipes the greater amount of metal in the water, and as the pipes grow older the lead oxydizes, and a film of oxide forming on the surface protects it from corrosion.

—THE so-called new local anæsthetic, gleditschine or stenocarpine, published in the *New York Medical Record*, July 30th, Aug. 13th and Oct. 1st, and *Philadelphia Medical News*, Sept. 3rd, claimed to possess remarkable anæsthetic and mydriatic properties, turns out to be an attempt to impose upon the medical profession.

It will be of interest to learn that Messrs. Parke, Davis & Co. announce that an investigation at their laboratory of a solution purporting to be a 2 per cent. solution of gleditschine or stenocarpine, which was supplied by Messrs. Lehn & Fink, of New York, has developed the fact that this solution, with which the experiments thus far recorded have been made, contains 6 per cent. of cocaine and a sulphate of a salt which further experiment is likely to prove to be atropia.

In the light of these facts it seems probable that the stenocarpine sensation should be classed with the hopeine fraud of malodorous memory, and that the physicians who have already published reports regarding gleditschine or stenocarpine have been the victims of a clever hoax.

—THE *National Druggist* gives the following odd orders:

Send me some of your essence to put people to sleep with when they cut their fingers off.

I want something to take tobacco out of my mouth.

Send me a baby's top to a nursing bottle.

An ounce of the smelling stuff that goes through your brain.

Something for a sore baby's eyes.

Enough ipecac to throw up a girl four years old.

Enough anise seed to take the twist out of a dose of senna.

Plaster for a man kilt with stitches.

Something for a caustic woman.

Something to knock a cold out of an old woman.

Something for a woman with a bad cough and can not cough.

Something, I forgot the name, but it is for a cure for a swelled woman's foot.

For a man with a dry spit on him.

For a woman whose appetite is loose on her.

# THE AMERICAN MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

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### TYPHOID FEVER.

BY J. G. ELLIS, M. D.

Having had considerable experience with the above malady this year, and thinking by reporting to the JOURNAL that it might stimulate some of its many readers to write upon this interesting disease, I will preface my remarks by saying that I have nothing new to offer as to its pathology or treatment, but will endeavor to give you my mode of management.

At our first visit, our patient will usually present the following history and symptoms: Has been feeling bad for a week or two, and sometimes for three or four weeks; can't say that he is *really sick*, but yet he does not feel well; has a languid feeling, with frontal headache, and a heavy aching about base of brain; having more or less diarrhoea, or bowels may be constipated, or alternate diarrhoea and constipation, with tenderness in region of umbilicus; appetite may be good, or almost wanting; has had more or less fever, and sleep disturbed.

Examining our patient further, we apply the thermometer, either in axillæ or under the tongue, whichever is most convenient—I prefer the latter, when practicable—when we find the temperature 103° to 106° F. We now examine the pulse, and usually find them much below what they are in most other fevers. A patient with above temperature may not have a pulse of over 60 or 75

beats per minute. They may be full and strong, or small and feeble.

We ask him to protrude his tongue, and, since our patient has a tongue, we want to make it talk, and give us all the information it can. He may protrude it very readily, holding it still, showing that the nervous system is not much affected yet, or it may be protruded with difficulty, trembling and jerking from side to side, showing great depression of the nerve centers. It may be broad and thick, with a dirty white coating all over it, showing a depraved condition of the blood and secretions generally, or it may be pointed, with reddened tip and edges, showing great irritability of the stomach and intestinal canal. If it is shrunken and shriveled, or broad, clean and fissured, there is a condition of the stomach or kidneys bordering on inflammation. If it has the appearance of raw beef, or is spotted, with clean places about on it, the blood is in a very septic condition. If it is dry and glistening, the secretions are locked and cannot perform their functions well. It may be moist, showing that the secretions are not yet locked up or that the glands have lost their tenacity.

The urine may be free, but is usually scanty and light-colored. The skin is dry and hot—pungent. The eyes may be dull, pupils dilated, with palid face, showing tendency to congestion, or they may be contracted, with flushed face, showing determination of blood to brain and upper extremities. Patient may be rational or semi-delirious. These symptoms may be reversed every few days, and increase in severity until the fourteenth or twenty-first day, or even longer, when they gradually abate and the patient gets well, or they grow worse and he dies.

As mentioned above, I have nothing new to offer in the way of treatment. I do not believe much in the abortive plan, but think all we can do is to guard against complications, husband the vitality, and engineer them through, with common-sense as our guide.

If the pulse is full, hard and bounding, with flushed face and contracted pupils, we would prescribe, as a sedative, to an adult: *R.* Tr. verat. vir., gtt. x. to xv.; tr. gels., gtt. xxx.; aqua, ℥iv. *M.* Sig. Teaspoonful every one or two hours, according to high or low fever. If our patient was very excitable and restless, we might add brom. sodæ to the sedative mixture. If the pulse is small and

frequent, aconite would be used instead of the veratrum; or if the pulse is full and oppressed, with palid face and dilated pupils, belladonna would take the place of the gelsemium.

If the pulse is small and sharp, with rose-colored papillæ on tongue, rhus tox. would be indicated. With a vibratile and hard pulse, bryonia.

As remedies to prevent sepsis and improve the quality of the blood, we can draw from both the vegetable and mineral kingdoms. If the tongue and mucus membranes have a dull bluish color, and the face looks as one exposed to cold, baptisia would be thought of and added to our sedative mixture, in the proportion of gtt. x. to xxx. to the ℥iv.; or if the tongue is of a dark reddish brown color, with sordes on teeth, sulphurous acid would be added to syrup sim., so as to taste pleasant to the patient, and a teaspoonful given every two or three hours. Or if the color is of a bright red, and tongue dry, mur. acid would be used as above. If the tongue is clean, and has a violet tinge, nitric acid would be used. Or if it is broad, thick, and covered with a dirty white coating, sulph. sodæ will be the remedy. If it has reddened tip and edges, with irritative diarrhœa, sub-nit. bis., in two to five grain doses, every three or four hours would greatly improve this unpleasant condition. If the appetite is poor, and stomach weak, would add pepsin to the bismuth; and other medicines may be indicated from time to time.

As cleanliness is next to godliness, we will have our patient bathed well, and his clothes and bed linen changed every morning. When the fever is high he should be sponged with tepid water every two or three hours. Since there are several kinds of baths, we might ask, what kind does our patient need now? Well, if there is an acid needed internally, it will also be needed externally, and we add it; say, take cider vinegar and rain water equal parts, sponging the body and limbs with this, drying with flannel. Or if he needs soda internally, we will give him an alkaline bath, and *vice versa*. The room should be well ventilated and kept clean.

As a local application to bowels, turpentine and lard is as good as anything. As to diet, I usually allow my patients to have a little of most everything they want, but principally animal broths, such as beef, mutton, chicken, etc. Milk, either sweet or sour, as suits the taste, if it agrees with him, is very good, also barley



water. Baked apples, the juices of berries, fruits, etc., will be relished during convalescence.

I never give quinine until the temperature falls to or below 100° F., and then in tonic doses only.

Now, gentlemen, the above is a sample of my treatment for the above conditions found in typhoid fever; and it has served me well, as I haven't had but one funeral from the disease, and that case was complicated.

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### SOME DISEASES INCIDENT TO COLD.\*

BY E. L. STANDLEE, M. D.

Summer has faded and gone; the earth looks brown and bare; the birds have flown away; the flowers have gone to sleep, awaiting the spring time; thus on every hand are seen evidences of the fast-approaching winter, which brings to some rare pleasures, while to others sorest pain. It is now that we, as physicians, may prepare ourselves to cope with diseases incident to the winter season, some of the most common of which I shall mention in this paper, giving the leading features pertaining to pathology, diagnosis and treatment.

We shall first notice what is in popular language termed *taking cold*. Three conditions are usually present when anyone takes cold, viz.: air in motion, lowering of temperature and moisture. The second may follow as the result of the other two. Imbedded in the integument covering our bodies are sudoriferous glands, amounting to about 2,381,248 (Krause), and, allowing  $\frac{1}{8}$  of a line for the diameter of each, will give an evaporating surface of about 8 square inches; thus moisture is continually emanating from our bodies. Upon being exposed to a draft this cutaneous transpiration may be suddenly checked, the temperature lowered; the surface is chilled, driving the blood from the capillaries to the internal organs, producing a congestion and arrest of the nutritive functions. Thus we have the origin of a cold, which may manifest itself as an ordinary coryza, with the usual symptoms. But when the function of the skin is disturbed, the lungs sympathize, and a greater activity is necessary on their part; therefore cold is very prominent in the etiology of bronchial and pulmonary troubles.

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\* Read before the Eclectic Medical Society, St. Louis.

The bronchial tubes may become affected with inflammation. Our patient now has fever, dull pain in chest, cough; and by auscultation we will hear a mucus râle, due to excessive secretion in the bronchial tubes. We say, now, it is a case of bronchitis. The air-cells or terminal dilatations at the extremity of the bronchial tubes, termed *parenchyma* may be attacked by inflammation, and we call it *pneumonia*. Bronchitis is a bilateral disease, affecting both sides, while pneumonia is either single, affecting one lung, or double, affecting both.

Patient is usually attacked with a chill, after which the temperature gradually rises; deep-seated pain in affected side; short, hacking cough. Now, by auscultation, a different sound is heard from that of bronchitis, called crepitant râle, not unlike that produced by rubbing a lock of hair between the fingers. This crackling is produced by air entering the affected cells. The cells now become filled with an exudation which excludes the air, and we have no longer the crepitant râle, but only a tubal or blowing sound, produced by air in the bronchial tubes. Now, by percussion, we elicit dullness, and we call this stage *hepatization*; the characteristic sputa (red or brick-dust) appears, and this will not be taken for other than pneumonia; sharp, lacerating pains indicate pleuritic complication.

The prognosis of these, in general, I will say is favorable. The tendency of the system is toward convalescence, and if the doctor gives them a good letting-alone, the majority will recover. Still, if we are discreet in the selection of remedies and the proper use of them, we may aid nature very materially in the work.

What will we do for the one who has taken cold? Attempt to arrest the morbid process by fixing the system with full doses of sulph. quinia; reestablish the capillary circulation and cutaneous transpiration by hot baths, reducing reflex phenomena by such agents as gelsemium; aided by these, nature re-asserts herself, and throws off the impediment. In the case of bronchitis we will use the special sedatives, according to their indications, to control the febrile movement and limit the local congestion and inflammation, with such other agents as *asclepias tub.*, *bryonia*, *syr. ipecac.*, and wild cherry, which influence expectoration, and *chloral hyd.*, if cough is troublesome. If the patient is depressed, use stimulants—as *carb. ammonia*, hot milk punch—discontinuing the sedatives.

In the treatment of pneumonia much care should be exercised. If the patient manifests plenty of vitality, the above treatment for bronchitis is admissible; but if vitality is low, and patient seems much depressed, begin your stimulants early in the treatment, hold up the forces of life by light and nutritious food, and treat all complications symptomatically, as they may occur.

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### **PATHETISM.**

BY. W. J. ATKINSON, M. D.

I wonder how many of the readers of the AMERICAN MEDICAL JOURNAL knew what that word meant when they first saw it in No. 10, of Vol. 15? By referring to the unabridged dictionary, you will find the word thus defined: "Agency by which one person, by manipulation, is said to produce, in the system of another, emotion, feeling, passion, or other physical or mental effect; susceptibility of emotion or feeling of any kind, from physical contact, or sympathy with the will of another—same as mesmerism." The name pathetism is not the word that is in general use to represent or convey to the mind the idea of the phenomena spoken of in the article referred to. If there is any reason for using that word, it is only as the name of the science of feeling, emotion or passion. In that event, the definition given is incorrect, for it is the science of the agent or agency, and not the agency. Physiology is the science of functional life, but not the life, nor the function. But it would be as rational to define it such as it is to define pathetism an agent or agency. No scientist of any note, either physical or metaphysical, uses that word. It never was used, only by some person who sought notoriety by being eccentric. Mesmerism, magnetism, hypnotism, odyllic force, etc., etc., have had their advocates as being the proper names to designate the phenomena.

There is no name so well adapted to convey the idea that is desired as psychology, which simply means the science of the soul. Psychology covers the whole ground, and only by a thorough study of the soul, and the phenomena accompanying its actions, can the laws governing it be ascertained and understood.

The best way to advance science is for all investigators to adopt the same word to express the same idea; but to let everyone use his own peculiar name, and all differing, is but an injury to the cause.

There are a class of, so-called, scientific writers and would-be teachers, who, in their efforts to smother the spiritual origin of things, deny the fundamental principles of existence, and land in the cold, barren region of materialism. A great many preachers, who claim to be authorized by the church of God to teach, accept this materialistic idea, and preach it as God's truth, when, if followed to its legitimate end, it would dispossess the universe of God entirely.

There is an unseen force in the universe, that permeates all existence, and upon which existence in a physical form is dependent. Some organizations contain a greater amount of this force than others, and some have a greater will in wielding it. This agent that produces those results, by manipulation, or otherwise, is independent of the emotions, feelings and passions. These are only the phenomena produced by the operation of the power. The great question that is agitating the world to-day is—What is the power that produces these phenomena?

There are but two schools of thought upon this subject—the materialist upon one side, and the spiritualist upon the other. The one denying the existence of God and spirits in connection with the affairs of earth. The other acknowledging and believing in the existence of both. But, while that is true, it does not necessarily follow that everything that appears mysterious to us is the direct effort of spirits, miraculously considered. The writer, in the article under review, has taken the materialistic side of the question. For he says from the ignorance of people upon this subject has grown the "hideous lie of spiritualism;" and in his summing up he says: "Whatever residue of truth is found in the marvels of spirit-rappings, table-tippings, mesmerism, hypnotism, or whatever success of secrets or revelations of things forgotten, are, in my opinion, due to the laws of pathetism; and this fact is clearly evolved, that whatever a man never knew, no magic on earth has ever enabled him to tell, but what he has once known, and in his conscious hours has forgotten, may often be reproduced by the stimulus of suggestions and queries." Now, there may not be any truth in spiritualism. But it is evident, if this writer means to teach that no medium ever told anything but what was known before and drawn out by "the stimulus of suggestions and queries," that he does not know what he is talking about, or else some other people are

wonderfully deceived. As, for instance, when the "raps" were first heard at Hydeville, in the Fox family, in 1848, where the "raps" manifested an intelligence that revealed the fact that a man had been killed in the house, and his body buried in the cellar, which facts were unknown to anyone present. And, again, sealed letters, written to dead people, have been answered, with the seal unbroken, which letter was written by a Chinaman, in Chinese characters, to his spirit father, the answer being given correctly in the same character, the medium not knowing a single character that he wrote, he never seeing the letter he answered. The slate-writing test—a piece of pencil, not larger than a grain of wheat, being placed between folding slates, they locked, writing is done that is not done by the physical hand of anyone present, and signed up by some familiar name, perhaps, or, again, by some name not familiar. As an illustration of slate-writing, I copy the following from the *Religio-Philosophical Journal*, for September 3rd, 1887:

"A man who designates himself as "Prof." Miller visited the Lookout Mountain camp-meeting, announcing that he was a Spiritualist, and desired to give an exhibition of his mediumistic powers. He was not received, however, with the cordiality he thought himself entitled to, so he went to Chattanooga, and announced his readiness to expose Spiritualism, asserting his ability to duplicate any manifestation given by a medium. Finally, a relative of Mr. James Whiteside, a medium, offered him \$100 to duplicate the latter's slate-writing, and explain how it was done. He accepted the proposition. At the exhibition, Mr. Whiteside's two slates were critically examined by "Professor" Miller and the special committee, thoroughly cleaned, and fastened together, with a small piece of pencil enclosed. The medium, Mr. Whiteside, and the "Professor" then jointly held the slates. A sound, as if writing was going on, was heard, and, soon after, when the slates were handed to Miller for inspection, he found the following message written thereon:

"Truth is stranger than fiction. Now, go home, Jim.—BILLY."

The test was so striking, that the prestidigitateur refused to duplicate it.

We received a paper from Chattanooga embodying the above, and then wrote to Mr. Paul R. Albert, inquiring as to the truthfulness of the account. In response, he writes as follows:

CHATTANOOGA, TENN., Aug. 14th.

*To the Editor of the Religio-Philosophical Journal:*

Your favor of the 10th inst. is to hand. In regard to the contest between Miller and Whiteside, I will say that it was "a square thing." Mr. Miller took advantage of the interest taken by our citizens during the camp-meeting in July to advertise his "show" in the city, and on several occasions vaunted himself as being able to counterfeit anything done by a spiritual medium. Mrs. Porter's platform tests he ascribed to mind-reading, and Jas. Copeland's descriptions and names, to information he had surreptitiously procured beforehand. The physical manifestations, he said he could imitate in a better way on the stage than they were done by the bungling mediums in private, etc., etc. This naturally brought about considerable talk, *pro* and *con*.

Mr. James Whiteside is a private medium, who never took a dollar for a sitting in his life. He was born and raised here, and is connected with some of the best families. His mother (who was present at the contest) is one of the wealthiest citizens of Chattanooga; one of Mrs. W.'s brothers is Chief of the Fire Department and candidate for Mayor; another brother is City Auditor; and a third brother is our County Judge and ex-Mayor. I give you these details to show you that Mr. W. is well connected.

I have sat with Mr. Whiteside for many years—once for six successive years regularly, for development and manifestations, two and three times weekly in my own parlor. I got my first proof of spirit communication through him, and such remarkable demonstrations as I have never witnessed through any other medium. Excuse digression.

While Mr. W. is a private medium, and now sitting but rarely, yet whenever he hears Spiritualism is being attacked, he is ever ready to take up the cudgels of defense in demonstration through his mediumship. A relative of Mr. W.'s having heard of the utterances of Prof. (?) Miller, and desiring to assure herself of the genuineness of Whiteside's mediumship, with the consent of the latter to undertake the test, voluntarily placed \$100 in the hands of the editor-in-chief of the *Daily Times*, to be handed by him to Miller if he could get the writing in public, as did Mr. Whiteside. There was no bet; if Miller did not do the writing, he simply did not get

the \$100; if he did do the writing, he got the \$100. The proposition was published in both newspapers of the city. Miller, having nothing to lose, accepted. Mr. Whiteside was quite sick before, during and since the contest, but he was determined to succeed, "even," as he expressed himself to me, "if they carry my dead body off the stage." Billy (his control) had promised me he would succeed, and he never yet broke a promise.

A small hall was rented by Miller (I would not give him the opera house for such purposes, especially as it was undergoing renovation), and when the time for opening was at hand, the money, being demanded in advance, was not forthcoming, owing to the impecuniosity of Miller, and it had to be advanced by one of Mr. Whiteside's friends. I say this to show you there could have been no collusion, as Miller, in the state of his purse, would have been only too glad to have made the \$100. The result was just as published in *The Commercial*.

Prof. (?) Miller was simply dumbfounded. He was made to believe, by the skeptics, that Whiteside did the writing under a table covered with a black cloth, which he frequently does, and Miller, of course, was prepared to imitate this. But when Whiteside got the message, as described in *The Commercial*, he was entirely taken by surprise, as nothing had been said by Mr. Whiteside or his friends in what manner the writing was to be gotten. Miller has left the town, and thus far has not succeeded in imitating the medium's mode to anyone's satisfaction.

PAUL R. ALBERT.

To say that the ignorant only believe in and ascribe such phenomena to the agency of spirits of the departed is to exhibit one's own ignorance of the subject treated. Among those who thus believe may be named some of the best jurists, doctors, scientists and divines of the age. In America, we have Hare, late Professor in a Philadelphia Medical College; Hon. Joel Tiffany, of the Supreme Bench of one of our States; and Judge Edmunds, of the Supreme Bench of New York. In England, we have Alfred Wallace, Professors Zolner and Crooks, Rev. Santain Moses, and a host of others, both here and abroad, in every nation under the sun, who believe spirits can and do return, and, under favorable conditions, communicate with their friends who yet remain in the body.

I have only given these names and evidences to show that the



subject, whether true or false, ought not to be unceremoniously thrust off as a "hideous lie," believed in only by the ignorant. That kind of argument is stale; it is the only argument in stock ready for use by the out and out materialists and their co-laborers who don the *Christian* name, but deny the power.

As an Eclectic, I do not feel like throwing overboard the opinions of those *who have spent years in the investigation of this subject* for that of those who can call it a "hideous lie" without such investigation. There appears to be a disposition to take effects for causes.

Phenomena are only results, showing that a power exists that is operating. The true thought is for scientists and would-be teachers to *drink deeper from the fountain of causation*. Medical authorities and teachers, as well as most scientists, are too superficial—accept the *ipsi dixit* of those who have gone before without question. Hence we have but little progress in medical science at present. There is too much of a disposition to anathematize all who do not fall in line without questioning the authority. If a man is disposed to think for himself, and arrives at different conclusions from the *literati*, he is to be ostracized and denied. Such ought not to be the case. Let us investigate all phenomena truthfully and impartially, and accept whatever facts are revealed, although we may have to surrender some of our preconceived notions.

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### CHANGE OF CLIMATE IN DISEASE.—BANDERA, TEXAS, AS A HEALTH RESORT.

BY GEO. H. RICE, M. D.

It is a well known fact that many invalids migrate every autumn to all southern countries, merely to find a grave. This happens, partly, because cases of far-advanced disease are still sent abroad, when they should be kept at home; partly, because a location unfavorable to the particular malady is selected, the laws of climatology being illy understood. It is difficult to persuade the sick that simple change to another country is only one of the means by which they are to regain health—and in a large measure it is because of lack of funds for traveling and living, as well as lack of knowledge where to go, that so many die prematurely of consumption. Although there can be no doubt that in the change of air the physi-



cian has an efficient remedial agent, yet it is certain that this remedy, like all others, is not of indiscriminate application, but must be prescribed with judgment and discretion.

The diseases most likely to be cured or alleviated by the benign influence of change of climate are the following: Pulmonary consumption, chronic throat and lung troubles (bronchial affections), asthma, disorders of the digestive organs, with the various forms of dyspepsia, chronic gout and rheumatism, kidney affections, obstinate neuralgia, and hypochondriasis. A change is also beneficial to strumous, delicate children. There is no model climate. No country can boast of being perfect. All that the physician's knowledge and tact will enable him to do is to select that situation which possesses the greatest advantage and the fewest drawbacks for the particular case he has on hand. Phthisis, for example, is prevalent and fatal in all countries, though more so in some than others; yet, it must be remembered that, through the peculiar nature of zymotic disease, towns, usually healthy, are apt to be periodically visited by epidemics, and such places can only be avoided by consulting recent returns. In considering the sanative influence of any climate, our chief object must be to learn on how many days during the winter and spring months it may be expected that the invalid will be confined to the house by bad weather. If the number be large, he can just as well stay where he is. To decide the point, the nature of the sick man's disease and strength of constitution must first be determined. Then, as regards any given locality, attention must be paid to its aspect, its drainage, and its elevation above the sea-level; to the temperature and its equability; to the dryness or moisture of the soil and atmosphere, a degree of heat being well borne when the air is dry which is quite unbearable when it is moist; and to the winds—the prevailing ones. The amount of rain which falls in a season is not of such moment as the way in which it usually falls. A region liable to sharp, heavy showers being much more favorable to the invalid than one where it drizzles.

The beneficial effects of sea air are due to its purity, to the equability of its temperature, to the iodine it contains, and to the constant presence of ozone—the latter the most powerful oxidizing agent known as a stimulant to all the vital functions, but if in excess, it causes great irritation, particularly of the organs of respiration.

Ozone is generally presumed to be a peculiar modification of oxygen, and in varying quantity in the atmosphere is supposed to affect the health of man. However, knowledge of this matter is exceedingly vague. Schonbein says, "that oxygen exists in three different allotropic conditions, two of which are active, and in opposition to each other; these are ozone and antozone, equal quantities of which neutralize each other, and form inactive or neutral oxygen." Ozone is considered by some to be oxygen condensed to two-thirds its bulk, when it possesses remarkable oxidizing properties; hence, air containing ozone is said to be ozonized (you can smell it most any time on a cloudy day, when the air is heavily charged with electricity). Ozone found in the air of mountainous and rural districts has the property of decomposing iodide of potassium, uniting with the potassium and liberating the iodine, which latter body may be detected by starch. While sea air, by its invigorating and other properties, has a certain amount of influence in preventing tuberculosis, it is by itself insufficient to cure that disorder. Mountain air is the purest, has an average low temperature, and contains a large proportion of ozone. There is a diminished atmospheric pressure and more wind and moisture at high elevation. Speaking generally, mountain air is tonic and bracing; it improves the appetite, lessens anemia, and especially promotes a healthy action of the whole abdominal viscera.

Let me say that Bandera, Texas, lays claim preëminently to all the above, and more. She is peculiarly situated and adapted to cure most all kinds of diseases, and far ahead of any of her sister towns and cities. Any sufferer from the following diseases may come here to live, and be highly benefited, and, if in time, can almost guarantee a cure: Such as, first and foremost, consumption, and all lung trouble (this is one of the most sheltered spots in Texas for that disease); chronic bronchitis; neuralgia; gout and scrofula; diseases of a nervous hypochondriacal type, when vital powers are sluggish; chronic forms of dyspepsia; diarrhœa and dysentery; kidney trouble; and, especially, all liver complaints. Strumous or delicate children, and convalescents from all acute disorders, may be sent here, and many others not specially named.

The tonic and bracing air of Bandera renders it a most valuable temporary or permanent residence for many invalids. The atmos-

phere is extremely pure, the soil is dry and absorbent, and the water supply simply splendid. Situated as we are, only 16 miles from the A. P. & S. A. R. R., we offer inducements second to none for anyone who wants to come and live a quiet, health-getting life; and such will find it well represented in the words of Sir Jas. Clark, as "a lofty natural terrace, backed by a mountainous wall on the north, and open to the south to the full influence of the sun, from his rising to his going down, during that season, at least, when his influence is most wanted in a northern climate."

Bandera, as a temporary place for residence as a home, a place of comfort and health for all, combines unsurpassed advantages with all that can be desired to make up the attractions of a perfect climate and a healthy home, surrounded as it is, on all sides by the handsomest scenery of river, lofty hills and mountains, and forests of oaks. The high hills, and the beautiful plateau in which it is situated, range upwards of twelve hundred feet above the sea level, with the finest natural system of drainage, on a fall of about one hundred feet to a mile towards the Medina river.

The streets, shaded by mighty oaks, and other trees, present the most attractive building sites, which is a delight to the eye of every lover of a handsome, shade-embowered home. The roads and streets are nearly as solid as if macadamized, broad, smooth, afford the keenest enjoyment to those who find delight in buggy rides, and drives in all directions. The winters are mild and delightful, only now and then a "norther" or cold wave comes, which lasts for a day or two. The heat of the summer is not excessive; the thermometer rarely goes above 90°, while the average summer temperature will be about 79° F. In the summer season we are not subject to those violent heat waves that pass over a more northern climate; a delightful gulf breeze, constantly blowing, regulates the temperature, thus making the nights throughout the whole summer season cool and comfortable. We have the winter climate of Rome, and the summer climate of the Northern Minnesota lakes; and, as healthfulness is the one and greatest consideration, I can safely say, without being gainsaid, that this is the healthiest spot in the whole broad domain of Texas.

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Subscribe for the AMERICAN MEDICAL JOURNAL, \$2.00 a year.

**DIPHTHERIA.**

BY E. R. WATERHOUSE, M. D.

No disease is more uncertain in its action under medication than malignant diphtheria; and no physician, regardless of school or pathy, feels any particular pleasure in being called upon to treat it.

Probably a greater number of remedies are recommended for this than for any other diseased condition, yet, with all this amount of therapeutic array, the death rate is as great as it was ten years ago.

I wish to give the readers of the JOURNAL a formula that came into my hands, from Germany, with very high recommendations as to its value in the treatment of this disease; and which my experience will verify.

I have used it in fourteen cases of malignant diphtheria, with the most satisfactory results in each instance.

In three of these cases the exudation extended to the nasal cavity, and into the larynx, with complete paralysis of the vocal organs. The reputed remedies were tried, one by one, but failed to give any beneficial results. Finally, one of the children died. At this juncture, the treatment, as given below, was adopted and was followed by immediate improvement:

**R.** Merck's volatile extract of pine needles, Merck's resorcin, aa  $\mathfrak{z}$ ij.; ext. pinus canadensis,  $\mathfrak{z}$ j.; glycerine,  $\mathfrak{z}$ ss.; aqua, hot, q. s., ad,  $\mathfrak{z}$ iiij. **M. Sig.** Use with an atomizer, as often as the nature of the case demands.

**R.** Merck's resorcin,  $\mathfrak{z}$ ss. to j.; ext. pinus canadensis,  $\mathfrak{z}$ vij.; glycerine,  $\mathfrak{z}$ ij.; aqua, hot,  $\mathfrak{z}$ iv. **M. Sig.** Dose, one-half to one teaspoonful every two or three hours.

When the throat is very bad, use a preparation of about twice the strength as that used with the atomizer, with a probang, to the exudation, two or three times a day.

The above may be classed as a shot-gun prescription, yet, as it has shown such excellent results in my hands I do not hesitate in recommending it to my professional brethren.

The volatile extract of pine needles, as its name implies, is made from the leaves, or needles, of the common white or yellow pine, and resembles ordinary turpentine, except it has more of an aromatic or spicy odor, and is not as pungent in its action upon the throat as ordinary turpentine. The American extract is inferior to that of German make that is specified in the prescription.

Resorcin is a new product of pharmaceutical skill. It is a phenol, and is obtained from various organic substances, such as asafoedita, ammoniac, Brazil-wood, etc., by destructive distillation, or by fusion with a caustic alkali. It is an antiseptic of importance, is colorless and odorless, and dissolves readily in hot water—the dose of which is from three to ten grains.

The practitioner must use his judgment as to the dose to be used in many cases—as, for a small child, use the minimum amount of the resorcin named, also give it in half teaspoonful doses; and in many instances it would be advisable to reduce it still further.

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### **PURULENT OPHTHALMIA OF INFANTS. — OPHTHALMIA NEONATORUM.**

BY PROF. JOHN KING, M. D.

This disease more commonly appears about the third day after delivery, though it often occurs on the first day, and again may not be observed until several weeks after. Although the disease may be occasioned by uncleanness, filth and exposures, it is more commonly the result of contact with infectious vaginal discharges during the passage of the head through the vagina. The purulent discharge is more or less abundant, and of a yellowish color; the lids swollen and red; the conjunctiva of the lower lids engorged, presenting a yellowish-red color, and it is very difficult in most cases to obtain a view of the cornea; indeed, there is but little to be gained by seeing it, and there is danger of perforation of the cornea, with subsequent loss of the eye, on making persistent efforts to obtain a view of it. Generally, the eyelashes, as well as the two angles of the eye, will be covered with small, dry, greenish crusts. Sometimes the conjunctiva will be so thick and engorged that any attempt to separate the lids will occasion a bleeding. If the disease does not improve, after six or eight days the cornea will become cloudy and opaline, especially about its center, and which opacity soon extends to the deep-seated layers. The chief indication of treatment is to check the purulent discharge. The affected eye should be bathed several times a day with the hydrastis, so as to have a portion of it flow in upon the eye, for without this its application will be of no effect. In many cases, an astringent fluid alternately applied with Lloyd's Hydrastis will facilitate the cure.

# POSTAL BRIEFS.

**FEVERS OF SOUTHWEST KANSAS.**—*Prof. E. Younkin, M. D.:* The fevers incident to this part of Kansas during the summer and fall are bilious or remittent fever, and a fever which is claimed to be peculiar to this climate, known as "mountain fever." Bilious fever presents no new features here differing from other places. "Mountain fever" may differ from typhoid fever, as a great many M. D.s hold it does, but I can hardly make the distinction. With a clear case, you have all the grave symptoms of typhoid fever, such as hemorrhage of the bowels, nervousness, dullness of mind, delirium, hardness of hearing, etc. The prominent symptom is generally the pain in back of the head or along the spine. I have had quite a number of cases and have not lost a case as yet. My treatment, for fever and nervousness with slight variations, has been chloral, brom. potass., and gelsemium. M. It seldom fails to relieve the pain. Nux vom. and dil. phos. acid, as a general tonic; sub. nit. bismuth for diarrhoea and tympanitis; together with an alkaline bath daily, a well-ventilated room, alcoholic stimulants, and astringent injections when indicated.

I can account for such a fever here only from the depressing influence of solar heat and the extremely dry atmosphere.

J. W. HEMPSTID, M. D.

**THE DOSIMETRIC SYSTEM.**—*Prof. E. Younkin—Dear Sir:* Will you allow me to say, in the JOURNAL, that I have for some time been practicing upon the "dosimetric system," in accordance with the method of "Dr. Ad. Burggearve," Emeritus Professor of Ghent University; Principal Surgeon of the Civil Hospital of the Town; Member of the Royal Academy of Medicine of Belgium; Hon. Member of the Societie des Mediciens Russes, of St. Petersburg; Corr. Mem. of the Societe de of Moscow, the Societe Nationale de Chirurgie, Paris; the Royal Academy of Medicine of Madrid; Foreign Associate of the Academy of Science of Lisbon; Corr. Member of the Imperial Academy of Rio de Janeiro; President of the Institute de Medicine Dosimeterique, of Paris, etc., etc.

From the titles of this "physician," it struck me there must be something in his new "Methods" of the treatment of "Disease,"

and I obtained his Therapeutics, and also other of his books on "Dosimitere," as he has called his "system." I am very agreeably surprised at his mode of "jugulating diseases." And, when that cannot be accomplished, from not seeing the patient early enough, then the general treatment he advises is very simple, and so fully and certain to result in a favorable crisis and perfect restoration to health, that I am really astonished, as well as pleased, that so little doses can so quickly and surely restore the sick to health. Indeed, should this dosimetric system prove to other physicians such favorable results as it has to us, I am sure it will become the *sine qua non*, at no distant day, of all physicians who will give it a fair, intelligent trial.

J. M. HOLE, M. D.

PROSIS.—Ptosis from paralysis of the third nerve or from local manifestations of the strumous diathesis can often be cured by the administration of *phytolacca decandra*. The form which I usually employ is the saturated tincture of the fresh root. In conjunction with *potasii iod.* and the syrup of the iodide of iron, it is an admirable remedy in this often troublesome and persistent affection.

As in all constitutional diseases, it is necessary to give the remedies in small doses, and to continue their use for some time after the local manifestations of the disease have disappeared.

Very truly, W. H. S. CRABB, M.D.

DIPHTHERIA, OR WHAT?—*Editor Am. Med. Journal*: For the last two months we have heard of a great many deaths among the children of the section of country southwest and north of here. In one or two instances the disease has robbed the family of every child. We have heard of a few cases in our own neighborhood, and the writer has seen some cases where the mouth and throat were exceedingly sore; the patient restless, sleepless and fretful, with considerable fever; bowels constipated; slight hacking cough; mouth, tongue and throat very dry; no white patches or other evidence of membrane forming.

The following treatment has conducted to a favorable termination every case so far: *R.* *Tr. arum triphl.*, gtt. xxx.; *tinct. bryonia*, gtt. x.; *glycerine*, ℥j.; *water*, ℥ij. *M. S.* Teaspoonful every two hours. Also: *R.* *Tr. aconite rad.*, gtt. vj.; *aqua*, ℥iij. *M.*

S. Teaspoonful every two hours. Alternated with the above. (In the above recipes I refer to specific tinctures.) An occasional dose of the comp. powder of jalap and senna is given to evacuate the bowels.

They have all recovered. Is it diphtheria? Two cases thus treated were pronounced diphtheria by another physician before I was called.

MONT. M. HAMLIN, M. D.

UNION THE PROPER POSITION.—*Prof. Younkin*: I think you are taking the proper position when you advocate a union of the several branches of the profession.

As a matter of fact, they are all marching abreast now anyway, or nearly so, and it can only be a short time when it must be so recognized.

I have found that if a man is a gentleman, and keeps up in his profession, he gets recognition for it by all schools, as well as from the people.

Your friend,

J. C. PARRISH, M. D.

WE CONGRATULATE YOU. — *Prof. E. Younkin* — *Dear Doctor*: You certainly edit and publish an excellent journal. Your lecture on "Pathetism" is the best of anything I have ever seen on the subject. It is a subject that has had a prominent place in my mind for several years, and of course it met a responsive chord.

THOS. GARTH, M. D.

AN UNUSUAL CASE OF ORCHITIS.—*Dear Professor*: Quite an unusual case occurred in my practice a few weeks ago. Mr. C—, a very strong man, was loading heavy timbers on a wagon. To use his own words: "When I got the timber breast high, lifting very hard, my foot slipped and gave me a twist; a sharp pain struck me in the small of the back, and I fell to the ground as weak as a cat."

He was taken to the house, the back bathed with arnica liniment, and a "poor man's" plaster applied. The next day his back seemed to feel better, but he was attacked with a very acute and severe orchitis. Hot fomentations, mullein leaves, arnica liniment, and other home remedies, had no effect upon it, and, becoming alarmed, he sent for me. Both testes were involved, were greatly



swollen (measured nearly twelve inches around), and were exceedingly painful. He was quite feverish and nervous from the sharp, cutting pains. I gave him at once, hypodermically: R. Atropia sul., gr.  $\frac{1}{100}$ ; morphia sul., gr.  $\frac{1}{4}$ ; antipyrin, gr. v.; tr. gelsem., aquæ, aa gtt. xv. M. This gave almost immediate relief, and the orchitis readily and quietly yielded to small doses of phytolacca, and pulsatilla. Can you tell me what was the probable cause of the orchitis?

P. S. I think that the Postal Brief department ought to be boomed. Cases like the within are constantly occurring, and often puzzle the country doctor. A word from you once in a while, in answer to inquiries, will stimulate investigation, and benefit us immensely. Interest must be kept up.

Respectfully

F. A. REW, M. D.

#### COMPULSORY VACCINATION.—

I could not vaccinate a dog,  
 Had I coercive power,  
 Much less impregnate human blood  
 With *virus* of the hour;  
 The *brutish* rite my soul abhors  
 With all its might and main—  
 I've watched its cruel, cursing sting,  
 And seen its blighting stain;  
 And yet, the *State*, against my will,  
 Would force me to continue still!  
 Have I no right, oh *State*, I pray,  
 To let my reason reign?  
 God gave that precious child to me  
 In *Virtue's* path to train;  
 Its blood is pure as sun-light's fair,  
 Health blooms upon its cheek—  
 Then, why among disease of brutes  
 Should I protecture seek?  
 Oh! *Selfish* rite, for lucre's gain,  
*Avaunt*, I say! let Freedom reign.

T. ARTHUR WRIGHT, M. D.,

*Ex-Member of the Kansas State Board of Health.*

*MEDICAL AND SURGICAL ITEMS.*

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**SPURIOUS PREGNANCY.**—Dr. S. G. Lloyd (*Mass. Med. Jour.*) relates three interesting cases of delusive pregnancy. The first, a beautiful and refined girl of twenty years of age, who imagined that on a certain night her room had been entered by two men, one of whom used chloroform, and the other ruined her. After five months of supposed pregnancy, the doctor succeeded in convincing her of the impossibility of either of these events. The delusion arose from reading a false, sensational newspaper article detailing the particulars of a similar atrocity.

The second case was a woman of seventy-four years—a widow thirty years—of rare and refined culture, who had led a life of unquestioned purity. She imagined herself pregnant, and could not account for the accident, except that she had a vague notion that her sleeping apartment had been entered by a man. She supposed herself eight months gone, and was confident she could feel the fetal movements and had abdominal enlargement to some degree, nausea, etc. It was temporary and partial insanity, from which she recovered after eleven months.

The third case was that of a woman married forty-eight years. She had fatty enlargement of the abdomen. A midwife waited upon her two nights, and a doctor was in attendance part of this time, supporting the perineum. Both affirmed that the patient had severe pains and a bulging of the perineum. The doctor declared that he felt what he supposed to be the fetal head. "When I examined this woman," says the writer, "in consultation, and informed her she was not pregnant, she was ready to cry with disappointment."

**UMBILICAL HERNIA.**—"During the past two years," says Benj. Edson, M. D. (*Med. World*), "I have treated a considerable number of cases of umbilical hernia according to the method recommended by Dr. Archambault in the *Journal de Accouchements*, for October 30th, 1885. The results are such, that I am persuaded that the method ought to be more widely known and used.

A piece of refined beeswax is moulded into the form and size of a marble, or larger, if required. This is cut in halves, or divided unequally, should it seem best.

After the hernial protrusion is returned, the *convex* side of one of the sections of wax is pressed over the hernial opening and secured in place by strips of Maris' best plaster, or some *good* anti-septic plaster.

In applying it, the tissues of the abdominal walls are crowded towards the umbilicus, thus in a measure closing the hernial opening. The wax so adheres to the skin, that there is little danger of its getting out of place. The adhesive straps are to be re-adjusted, re-applied or renewed, as may be necessary, but *the hernia should never be allowed to escape after being once properly returned*. The child should be presented for the surgeon's inspection, from time to time, as may seem advisable."

CHOKING FROM MEAT IN A STRICTURE OF THE ŒSOPHAGUS.—RELIEF BY TRYPSIN.—A case is reported, in the *North Carolina Med. Journal*, by Drs. Babbitt and Battle, of a boy, three years of age, having a stricture of the œsophagus, occasioned by drinking lye, and troubled at times thereafter for eighteen months, but always relieved himself without treatment, until one day while eating lean ham, he suddenly choked, the meat stopping several inches down the pipe. After several attempts at its removal by bougie, curved wire, forceps, etc., a trypsin mixture was employed: *R.* Trypsin, gr. xxx; sod. bicarb., gr. x.; aq. dist., ℥j. *M.* A small quantity of this was injected by means of an ear syringe, through a rubber tube previously introduced down to the stricture, and held from regurgitating for ten minutes, and three-fourths of a teaspoonful of the mixture directed to be given every hour. The next morning, forty-eight hours after the meat impaction, the morsel was dislodged by swallowing a little water. It is supposed that the trypsin so digested the meat as to dissolve it.

HYOSCYAMINE IN DYSPNŒA AND ASTHMA.—Dr. Walker (*Lancet*), referring to the treatment of dyspnœa, says: "I desire to call attention to the action of hyoscyamine in this affection, and, indeed, in the treatment of spasm of involuntary muscular fibre, wherever existent—whether in the bronchi or hollow viscera (stomach, bowels, bladder). Given in the dose of half a milligramme ( $\frac{1}{180}$  gr.), according to the urgency of the case, every half-hour or hour, until the spasm disappears, it is rare for the patient to be unrelieved after

two or three doses; in case of great urgency, the first dose may be in the form of a hypodermic injection, for quicker absorption. When relief is afforded, it may be given less frequently (two or three times a day), and gradually left off. I have never been disappointed with its action; it relieves the spasm promptly and efficiently, and the patient has no dread of an immediate recurrence of the dyspnœa. I usually give with the hyoscyamine small doses of strychnine (the arseniate or sulphate), in half-milligramme doses, as a tonic and to counteract the tendency to adynamy. In spasm of the stomach or bowels, in dysentery, in strangulated hernia, and in retention of urine due to spasm of neck of bladder, hyoscyamine, in small and frequent doses, is invaluable, and will be the first remedy thought of by anyone who once gives it a trial in these affections. In a case mentioned, a few days' treatment secured immunity varying from three to ten months.—*Med. Abstract.*

**HONEY OF ROSES.**—Take of red rose leaves (in fine powder), ℥ij.; clarified honey, ℥xx.; dilute alcohol, q. s.; oil of roses, gtt. iv. Dampen the powder with the dilute alcohol, and pack moderately firmly in a glass funnel; place over the surface a piece of filtering paper, and pour on the menstruum; set aside the first six fluid drachms of liquid which pass; continue the percolation to exhaustion (about six fluid ounces); reduce this by water bath, at a temperature not exceeding 160° F., to ten fluid drachms, and having mixed this with the portion first obtained, add the oil of roses, and mix the fluid extract thus made with the clarified honey.

Honey of roses is highly astringent, and possesses much richness of color and flavor. It is an agreeable astringent addition to mouth and throat washes or gargles, in inflammations or ulcerations of those parts.

**SINGULAR CASE OF EPILEPSY.**—At a recent meeting of the Berlin Medical Society, Professor Mendel introduced a patient, a well-to-do mechanic, who regularly at 9 o'clock in the morning loses the power of speech and hearing, remaining a deaf mute until 6 o'clock of the following morning. From 6 to 9 o'clock he hears and speaks as well as anybody. This peculiar trouble showed itself first last year, as a sequel to an epileptic attack. The patient, whose mental powers have not suffered, exhibits another curious anomaly. If a cer-

tain spot in the joint of the right hand is pressed, he is at once seized with convulsions; if a certain spot on the right upper arm is pressed, the convulsions instantly disappear. Prof. Mendel made this experiment twice before the assembled physicians. He was unable to give the cause of these abnormal conditions, but considered them related to the hysterico-epileptic manifestations sometimes seen in women. Their origin is probably to be sought in a temporary interruption of the nerve functions involved in the process of hearing and speaking. Prof. Mendel said that there was but one analogous case on record, but that he hoped to bring about a cure. —*Pacific Record.*

TREATMENT OF BLEPHARITIS MARGINALIS. — Dr. A. D. Williams (*St. Louis Med. and Surg. Jour.*), in speaking of *blepharitis*, says:

“If the lashes are long, and matted together by the crusts, making it difficult to remove the latter, snip them off close to the skin with scissors. Then remove all the scales and scabs, with as little violence as possible. If large ulcers are found beneath them, touch them with the end of a probe, dipped into a strong solution of nitrate of silver (about 20 grains to the ounce). Dry the lids off, and rub over the entire free margins an ointment composed of vaselin and yellow oxide of mercury (1 grain of latter to 1 drachm of former). This ointment must be well rubbed into the sores and in among the roots of the lashes. A little of the ointment should be allowed to remain among the lashes to be gradually absorbed. The patient takes the ointment home, with instructions to rub it well into the lids two or three times a day, always wiping off the superfluous ointment, so the lids will not look too greasy.

This treatment, faithfully carried out, will soon make the worst cases of blepharitis marginalis get well. The treatment, however, should be continued quite a while after the lids apparently get well, in order to guard against a return of the trouble. In making the ointment, the medicine should be *well* mixed with the vaselin, by rubbing them *well* together. Pulling the lashes out in these cases is unnecessary, and may be harmful, though writers often advise it. The lashes soon begin to grow vigorously, and the “bald” lid is promptly covered with a new crop, relieving entirely the ugly deformity. Internal medication is unimportant, but may be used for other indications.

**SELECTIONS.****THE RADICAL CURE OF HERNIA.\***

BY H. J. HERRICK.

Surgical treatment for the radical cure of hernia, when there is no strangulation or immediate demand for surgical interference, has not become an established custom among physicians. Temporizing means with the truss, in some one of the varied ingenious forms, is the usage, and this even when the opening is so large that the protruding part can not be retained by truss of any device during labor or changing positions.

It is the purpose of this paper to raise the question whether, with the improved methods in surgery at the present day, we should not advise, in certain cases, surgical treatment for radical cure. If so, in what cases, and by what methods?

It is to be borne in mind that no method can be regarded as devoid of all danger, and that the patient will be willing to take certain chances in order to be free from the annoyance of truss and the possible danger from inflammation and strangulation at some unexpected time, and, because unexpected, accompanied with greater danger.

It is my conviction that more frequent resort to surgical means for radical cure is the duty of the surgeon to-day. It is my purpose, in attempting to sustain this conviction, and also to point out the operation which I would advise, to report a case in detail.

A. B., aged 28, a German of regularity and good constitution, came to me July, 1885. He had scrotal hernia of both sides, the size of my fist, which he was unable to keep up with a truss; the openings were large, and any lifting or attempt at labor increased the size of the rupture very greatly. He was a single man, though he desired to marry, but in his present condition felt that he could not. He could not work with any comfort or safety, and under these conditions felt that life was without value to him. After a careful examination of the case and consultation, I proposed the operation for the radical cure. I further concluded to operate on both sides at the same operation. I was assisted by Dr. Dudley Allen, who gave also valuable counsel, and Dr. B. L. Milliken.

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\* Read before the Ohio State Medical Society, June, 1887.

The operation consisted in shaving off the hair, and bathing the surface cleanly, and applying towels wet in a solution of bichloride of mercury, 1 per 1,000, around the parts to be incised. An incision was made from the scrotum, along the course of the cord, up to the external ring. Dissections were made down to the sac, and its contents forced back into the abdomen; the sac was then drawn out of its position in the scrotum, and clamped between the handles of dressing forceps, when the sac was cut off, leaving space between the stump of the sac and the forceps to stitch the edges together with a continued suture of fine silk, rendered aseptic by carbolic solution (1 to 20). Having thus effectually closed the stump, it was pushed back into the abdomen. The edges of the ring were made bare, and five sutures, half an inch apart, were used for bringing them, with adjacent areolar tissue, together. The sutures were of silk, larger in size than that used for the neck, with the same aseptic precautions. In the same manner the deep fascia was brought together, and finally the integument and superficial fascia. The antiseptic care, of cleanliness and mercuric bichloride (1 per 1,000), was used, without the spray. Great care was taken to remove all lacerated tissue and coagula, and no drainage tube was used. The left side having been thus operated upon first, the right side was treated in the same manner. After the completion of the operation, the parts were thoroughly dusted with iodoform, antiseptic gauze was applied and absorbent cotton. The spica bandage was firmly applied, so as to offer support to the parts and keep the dressing firm.

The operation was made July 2nd, and the dressing left until the 14th. The first day after the operation, owing, it was thought, to accumulation of water in bladder and flatus in rectum, fever rose to 100°; but these conditions being relieved, the fever subsided, and did not return during the course of recovery. Indeed, no unfavorable symptoms occurred, and when the dressing was removed, twelve days after operation, the wounds were effectually closed without suppuration. The superficial stitches were removed. No unfavorable results occurred from the deep ones.

He left the hospital after about three weeks perfectly cured. The operation was performed in July, 1885. I have heard from him

since, and learn that he has no trouble whatever and no show of a return.

In this operation I claim nothing in the procedure as new, unless it is the clamping of the neck and removing the sac, and, finally, the use of the continued suture for the closure of the stump. By this method the peritoneal cavity is not opened at all so as to allow the entrance of any septic material; thus, perhaps, the greatest danger in the operation is averted.

Indeed, from the facility of the operation, the ability to fully prepare the patient for the operation, and the absence of any unfavorable results, I feel impelled to urge the advisability of the operation, when before I had been very timid about such a procedure. I am satisfied that many men are enduring almost constant discomfort and danger, where this operation, with the minimum risk, would offer complete recovery. I venture that most physicians in active practice have one or more victims with such hernias as render life hazardous and cause great suffering and care.

The various means resorted to in former years—as the use of the subcutaneous ligature, or needle, or injections—have been presented with earnest advocates and skillful efforts, but all have been found wanting, according to the verdict of the profession. In later years, what has been termed the open or direct method has been used, with more flattering promise for the relief of a large class of sufferers.

Dr. Henry O. Marcy, of Boston, in a valuable paper before the American Medical Association, sets forth this method and its success in a very forcible way. His method differs from the one used by me, in that he does not clamp the neck of the sac, thus effectually guarding against the entrance of septic material into the peritoneal cavity; also in the use of animal fibre in each set of deep sutures. I regard the silk as an animal production, and when rendered aseptic it is preferable to any animal fibre, being more reliable for strength and less liable to loosen or slip.

Other operators in late years have advised the open method.

Dr. John Woods' method, if fully understood by me, consists in an incision in the scrotum, by which operation the fundus of the sac is carried up into the ring and attached to its margin.

The results, as given by him, are quite favorable, though the liability to recurrence, the cause of which is obvious, is a plea against



its advisability. It seems to me to incur as much, or more, danger than the operation of Wutzer, with the view of accomplishing very nearly the same results. In place of the scrotal incision, he would use a staff for invaginating the sac, and that is armed with a needle and clamp, for fixing the fundus in the ring until adhesions are formed.

The operation by injection, as advocated by Heaton and Warren, of Boston, and revived by W. B. DeGarmo, is also doomed to failure. Though quite favorable statistics are given as to the results, and large expectations are raised, yet I am of the opinion that its adoption by the profession is not to be anticipated. It must be obvious, on a momentary reflection, that so long as the sac remains, or portions of it, there is a funnel-like gathering of peritoneum, which favors the descent of the organ; which acts upon it constantly like a wedge, to re-open what may have been completely or partially closed. The subcutaneous methods generally may be regarded as failures, while they involve as much or more risk to the life of the patient.

I operated by Heaton's method—injecting the fluid extract of quercus alba—several times; at first getting such indurations and adhesions as to give promise of cure, but after a time the induration disappeared and the protusion returned as before. It is claimed by DeGarmo that the operation is absolutely without danger; but, judging by my own experience, and what I have observed from similar treatment by others, I am satisfied that this is an overstatement.

I have certainly seen one case which, one or two years after the treatment, suffered with disease of the omentum, with peritonitis and death—results, almost beyond question, of the treatment of femoral hernia by injection. In cases operated on by me symptoms supervened which put from my mind the idea of perfect safety after such treatment.

I am driven to the conclusion that the direct open method is the only one that promises almost absolute guarantee of cure, with the least possible danger. Besides, the whole procedure is rational, and so perfectly under the supervision of the surgeon as to command considerate approval.—*Columbus Medical Journal*.

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## HYPODERMIC MEDICATION.

**ACIDUM BENZOICUM.**—One part dissolved in twelve of alcohol; a whole syringeful, and if necessary, others at short intervals; as an excitant, and in uremia. Solution and syringe should be slightly warmed before injecting (*Rhode*).

**ACIDUM CARBOLICUM.**—Of a 1 to 2 per cent. aqueous solution inject 15 to 30 minims, *i. e.* gr.  $\frac{1}{8}$ — $\frac{7}{11}$  of the acid (recommended first by *Hueter*).

**ACONITUM.**—Dissolve gr. iss. in aquæ 3iiss., and inject from 3 to 6 minims, *i. e.*, gr.  $\frac{1}{2}$  to  $\frac{1}{8}$  aconitin.

**ETHER, ACETIC ETHER AND SPIRIT OF ETHER.**—An excitant in extreme collapse, one or more syringefuls.

**APOMORPHINÆ HYDROCHLORAS.**—Gr. iss. dissolved in 3iiss. of water; of this inject 8 to 16 minims, *i. e.* gr.  $\frac{1}{3}$ — $\frac{1}{6}$  of apomorphine as an emetic dose.

**ATROPINÆ SULPHAS.**—Dissolve gr.  $\frac{1}{3}$  in 3iiss. of water, and inject *M* iij.—*M* viij., or gr.  $\frac{1}{80}$  to  $\frac{1}{6}$  at a dose. Of *atropinum valerianicum* the same. The combination of atropine and morphine, in the proportion of 1 part of the first to  $\frac{1}{10}$  of the last (or less), is recommended by Nussbaum and Fraignaud. The toxic effects of the individual components are said to be obviated, while the combined action is unaffected. Gelatine disks of morphine and atropine are to be had.

**CAMPHORA.**—A syringeful of one in twelve alcholic solution, as excitant.

**QUININÆ HYDROCHLORAS (THE CARBAMIDE).**—One or two parts to ten of water are said to produce no irritant effect.

**QUININÆ SULPHAS AND HYDROCHLORAS.**—One part to ten of water (adding a few drops of sulphuric acid); inject *M* v. to *M* xv., or gr.  $\frac{6}{13}$  to jss as a dose.

These injections frequently produce symptoms of local irritation, sharp pains, abscesses, etc. According to Kobner, quininæ hydrochlor., gr. ij.—iv., with water or glycerine, āā gr. vijss. (*i. e.*, in the proportion of one to four of the menstruum), yields, with warmth, a clear solution, which, injected when tepid, causes no irritation.

**QUININÆ BISULPHAS.**—Soluble in glycerine one to three.

**QUININÆ HYDROBROMAS.**—Said to combine the sedative effects of bromine with the action of quinine (Gubler). It is soluble (with

heat) in about fifteen parts of water or four of glycerine. Gr. xv. in ʒiiss. of glycerine and ʒj. of water yield gr. iss. of the drug to *M* xv. Used by Soulez in intermittents, in doses of gr. viiss.—gr. xv. Other salts, as quinin, ferro-citricum, bitartaricum, valerianicum, etc., are recommended, but are less important than the above.

**HYDRATE OF CHLORAL.**—Five parts to ten of water; one to three syringefuls, containing gr. viiss. to gr. xxxvij. of the hydrate, to the dose. Little suitable.

**COCAINÆ HYDROCHLORAS.**—One to two parts to ten of water; as a local anæsthetic. Especially recommended by Mandelbaum, in combination with quicksilver, in the subcutaneous treatment of syphilis.

**CAFFEINA.**—Dissolve gr. xv. in alcohol and water, each gr. xxxvij., and inject *M* x.—*M* xv., or as a dose; *i. e.*, gr.  $\frac{1}{8}$ —gr.  $\frac{1}{3}$  of caffein.

**CONIUM.**—Gr. iss. in alcohol, dil. et aquæ āā ʒiv.; inject *M* ij.—*M* iij.=conium, gr.  $\frac{1}{8}$ —gr.  $\frac{1}{2}$ .

**CURARE OR WOORARA.**—A very unequal preparation of differing solubility: Gr. iss. in ʒiiss. of water; inject *M* iij.—*M* viij., containing of curare gr.  $\frac{1}{8}$ —gr.  $\frac{1}{4}$ . The dose is not accurately to be laid down, and must be determined by the efficacy of the drug, previously proved by trial upon animals, and by the existing circumstances of the case. Offenburg injected, in hydrophobia, 3 grains in four and one-half hours, and Penzold 5½ grains in ten and one-fourth hours. (*Berl. klin. Woch.*)

**DIGITALINE.**—Gr. iss. in alcohol et aquæ āā ʒiiss; inject *M* iij.—*M* vj.=gr.  $\frac{1}{8}$ —gr.  $\frac{1}{2}$  of digitaline.

**EMETIN.**—Dissolve gr. iss. with a little sulphuric acid in ʒv. of aqua; of this inject *M* viij.—*M* xvj.=gr.  $\frac{1}{2}$ —gr.  $\frac{1}{8}$ .

**EXTRACT OF PHYSOSTIGMA**—Glycerine solution (one part to sixty, M. Rosenthal), and in water, gr. iiss. to ʒj. (Eschenburg)—gtt. i.—v., in trismus neonatorum.

**EXTRACTUM OPII.**—Dissolved in water and filtered. Dose of each injection, *M* j.—ij.=of the drug, gr.  $\frac{1}{2}$ —gr. i.—(Lebert.)

**EXTRACTUM SECALIS CORNUTI AQUOSUM.** (Ergotin, according to Bonjean, Ergotinum bis dialysatum) — ʒvj. with alcohol dilut. et glycerin āā ʒiv.; *M* viij.—*M* xvj. Ergotinum dialysatum is better adapted for injections (Berg), pure or with water, one to four *M* iij.—*M* viiss. to the dose. Dragendorf has introduced a solution

acid, *sclerotinici*, said to contain the active principle of secale cornut.; gr.  $\frac{7}{11}$ —gr.  $\frac{3}{4}$  in  $M$  iij. to  $M$  iij.  $\frac{3}{4}$  of water,

FERRI OXIDUM DIALYSATUM, FERRI ALBUMINATUM, PEPTONATUM, ETC.—On account of their insolubility, local irritability, and because required to be given for long periods, iron preparations are little adapted to subcutaneous injection. Even the ferrum. pyrophosphor. ammon. citricum, recommended by Huguenin, has not proved good in our practice. It is moreover, easily decomposed.

HYDRARGYRI ALBUMINATUM (according to Bookhart).—The deposit of  $\mathfrak{D}$ ij. of the sublimate, filtered and washed with blood serum, is, with  $\mathfrak{D}$ vss. of common salt, diluted by water to a quantity equal to 200 grams or  $\mathfrak{Z}$ vj.— $\mathfrak{Z}$ viiij.  $M$  xv. of the solution contains gr.  $\frac{1}{4}$  of the sublimate in albumen. Inject  $\mathfrak{D}$ vss. once or twice daily.

HYDRARGYRI CHLORIDUM CORROSIVUM.—Dissolve gr. iij $\frac{3}{4}$  in  $\mathfrak{Z}$ vi. of water, and inject  $M$  xvj. once or twice daily, dividing the injection in two different spots (Lewin). Gr. iij $\frac{3}{4}$  in  $\mathfrak{Z}$ iiij $\frac{3}{4}$  of water, and inject  $M$  v.—x. (gr.  $\frac{1}{8}$ —gr.  $\frac{1}{6}$  of the sublimate) as a dose (A. Eulenberg). The solution of the sublimate is recommended by V. Bamberger, and the 1 per cent. hydrargyrum peptonatum. The combination of a 1 per cent. sublimate solution with 3 per cent. of chloride of sodium is highly spoken of (Lasser, Stern). In all subcutaneous injections of mercury, it is absolutely essential that the needle, canula, etc., be subjected to the most thorough disinfection and cleansing, and that the needle be buried in the muscular tissues.

HYDRARGYRI CHLORIDUM MITE (Neisser).—Calomel and chloride of sodium, each  $\mathfrak{D}$ iv., and water  $\mathfrak{Z}$ xiiij. Two injections a week of  $M$  xv.— $M$  xxv.

HYDRARGYRI IODIUM RUBRUM, dissolved in a solution of iodide of potassium (A. Martin). About the following proportions are recommended: Hydrag. iodidi rub., gr. iv; potass. iodid., gr. xxxviij.; aquæ destill.,  $\mathfrak{Z}$ vj. Inject of this  $M$  viij.— $M$  xvj. (=gr.  $\frac{1}{8}$  to  $\frac{1}{7}$  of the drug).

HYDRARGYRI FORMAMIDATUM (Liebreich).— $M$  xvj., corresponding to gr.  $\frac{1}{6}$  of the red oxide. For syphilis.

LIQUOR AMMONII ANISATI (pure).— $M$  xij.— $M$  xvj. as excitant.

LIQUOR POTASSII ARSENITIS (Fowler's solution).—Dilute with 2–3 parts of water; in single doses corresponding to  $M$  ij.— $M$  iij. of Fowler's solution. Recommended for systematic effect in chorea,

tremor and neurosis, by Eulenberg, and for local effect upon malignant new growths.

**MORPHINÆ HYDROCHLORAS.**—Dissolve gr. iss, in ℥iv. of water; of this inject *M* v.—*M* xv. (=morphia gr.  $\frac{1}{10}$  to gr.  $\frac{1}{2}$ ). If in exceptional circumstances greater doses are desired, give a more concentrated solution. Aqueous solutions of morphine are apt to gather mold. Avoid attempting to purify such and to make them useful by filtering them, because by filtration and the absorption of the filter paper the strength of the solution becomes doubtful. Camphor water, instead of pure water, is recommended, though the same fungus growths have been observed with this. Still better is to substitute glycerine for water, in the proportion of one to ten parts, and dilute with water when used: *R.* Morphinæ hydrochlorate, gr. xv.; warm with glycer. pur., ℥iiss.; dissolve, and add aquæ distill., ℥iiss. Of this, *M* xv. to ℥iiss.=gr.  $\frac{1}{8}$  to  $\frac{6}{8}$  of morphine.

**NICOTINE.**—Dissolve gr.  $\frac{1}{8}$  in ℥iv. of water, and inject of this *M* iv., equivalent to gr.  $\frac{1}{8}$  of nicotine.

**PILOCARPINÆ HYDROCHLORAS.**—Gr. iij. in ℥iiss. of water; inject *M* xv. (=gr.  $\frac{1}{8}$  pilocarpine).

**STRYCHNIÆ SULPHAS.**—Gr. iss. in ℥iiss. of water. Of this, inject *M* iij.—*M* x., *i. e.*, from gr.  $\frac{1}{4}$  to gr.  $\frac{1}{6}$  of strychnine.

**TINCTURA CANNABIS INDICÆ** (with water).—*M* v.—*M* x. in each injection. (A. Eulenberg).

**TINCTURA OPII.**—*M* iij.—*M* x., without admixture.

**VERATRIN.**—Gr.  $\frac{3}{4}$  in ℥iv. of alcohol, and dissolved in ℥iv. of water. Inject of this *M* iij.—*M* x., equivalent to gr.  $\frac{1}{8}$  to gr.  $\frac{1}{2}$  of veratrin. Not well suited for injection.—(*Exchange. Original Authority Unknown.*)—*Pharmaceutical Record.*

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**TANNIN IN ANASARCA.**—Dr. Garnier (*L. Union Medical*) arrives at the conclusions that tannin, in doses from 30 to 60 grains a day, will cure anasarea or œdema passively developed and coincident with albuminous urine. He recommends the following: *R.* Acid tannic, gr. xxxij.; aqua dist., ℥j.; syr. chinchona, ℥j. *M. S.* A teaspoonful three times a day. Its curative action manifests itself by an abundance of urine, which gradually assumes its physiological character: by the cutaneous transpiration; by the easy alvine evacuations; by the appetite, etc. The favorable signs appear on the second day.

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Clinical Reports, Surgical Operations and Notes of Interesting Cases specially invited.

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## EDITORIAL.

### OCCUPATION AND ITS RELATION TO LIFE.

The following is a compressed statement of the known facts concerning the health of different occupations:

1. *Husbandmen*.—Those engaged in agriculture are, as a class, longer-lived than any who earn their bread by manual labor. The special diseases affecting this class more than others are those of the digestive apparatus. Meals hurriedly eaten, hot biscuit, non-aërated bread, and poorly cooked meals, are regarded as potent factors of dyspepsia, and often counterbalance the good effects, such as the open air and country life. The farmer's wife is more

commonly lean, haggard and sallow, with decayed teeth. disordered digestion and derangement of the uterine functions, by reason of hard work and poorly digested food.

2. *Athletes*.—The elements of keen competition, which enter into all excitement of sport, tend to undue exertion of muscle and overstrain of the viscera, which ultimately bring on bad results. Prize-fighters, wrestlers, base-ball players and gymnasts are short-lived, and are subject to emphysema, hypertrophy of the heart, and pulmonary consumption.

3. *Bakers* are short-lived. Working in hot apartments at night, and sleeping by day, they are liable to mental wear, caries teeth, and consumption—due to other causes, such as flour dust and fermentable carbohydrates.

4. *Bricklayers*.—Lime dust irritates the skin and irritates the eyes, but the occupation is a healthy one. A writer has said that “bricklayers and plasterers, like asses, never die.”

5. *Blacksmiths* are subject to catarrhal affections of the respiratory organs. The habitual exposure to change of temperature induces chronic rheumatism; the bright light of the forge produces eye-affections, chronic blepharitis, presbyopia and mydriasis, with contraction of the pupil.

Aneurism is not infrequent, and a paralysis analogous to Scriven-er's palsy (hephæstic) is not uncommon, due to the repeated action of the arm in using the hammer. It is estimated that a pen-knife forger delivers about 29,000 strokes a day. The writer has a brother who was compelled to give up his trade on account of hephæstic hemiplegia. Phthisis, pneumonia and pleurisy are said to be rare with blacksmiths; notwithstanding, anthracosis of the lungs is likely to be found.

6. *Brewers*.—Brewers suffer more or less from intemperance. A consumption of large quantities of ale, wine and beer is productive of gout and rheumatism. A continuous drinking of these spoils a healthy appetite, produces indigestion, and lays the foundation of intemperate habits. The manufacturers are exposed also to alterations of temperature—hot, steaming air, with sudden cold and damp apartments—giving rise to bronchitis, pneumonia and catarrhal affections. The grain handlers are prone to pulmonary consumption, from the grain-dust. The beer-drivers or distributors are in-

temperate, and usually drink at every place of delivery; their lives are short; cirrhosis and abscess of the liver are the most frequent causes of death.

7. *Butchers*.—Butchers are usually strong, healthy and ruddy-complexioned persons. Their muscular systems well developed, and are regarded as being the least disposed to phthisis. They are, however, prone to constipation, hemorrhoids, and are subjects of tape-worm.

8. *Carpenters and Cabinetmakers* are subject to varicose veins and hernia. The active exercise of their arms develops the subclavius muscles, and, pressing on the subclavian artery, there is a peculiar subclavian murmur in nearly all handicraftsmen working in these trades; but this murmur is regarded as a harmless phenomenon.

9. *Clergymen*, as a rule, enjoy a healthy life and a good expectation, but the celibate clergy are not regarded as good risks.

Follicular laryngitis and pharyngitis are common complaints among public speakers, barristers, auctioneers and singers, but more common among the clergy. The open mouth produces drying effects of the mucous membrane, thus irritation about the vocal chords and thickening of the mucous membrane.

Vocalization, with the chin depressed, is more difficult than with an upturned face. The ecclesiastical collar is also a mischievous affair.

10. *Laborers in Coal* become sooner or later the victims of anthracosis, or "miners' lung." The carbonaceous dust settles in the lungs and induces a mechanical phthisis. Aside from the coal-dust, miners lack the proper ventilation and necessary sun-light, and as a result we may expect anæmia, nervous irritation, scrofula and tuberculosis. Exposure to dampness renders the miner liable also to bronchial affections and rheumatism.

11. *Commercial Travelers* are obliged to keep late hours, and to spend much time in ill-ventilated cars and over-heated apartments, besides living irregular lives and eating on the run. Hence they are not good risks. They suffer from disorders of digestion and constipation. Intemperance is extremely common.

12. *Physicians*.—Statistics are by no means agreed on the average length of life of medical men. Ramazzini held that practition-



ers were exempt from ordinary diseases, in consequence of their good exercise and cheerfulness of mind. He attributed a portion of this also to their going home with their fees in their pocket; but if the opposite of this has any influence, we would judge that medical men were exceedingly unhealthy. Dr. Guy, some forty years ago, believed that the average life of the learned profession was seventy-six and a half years. Dr. Farr's statistics—from youth to forty-five the mortality is above the average; after that the death-roll differs little from the average. Dr. Ogle, more recently, thinks that mortality of physicians is increasing. In 1880 to 1882 the mortality was 23 per cent.; and he considers that this is greater than teachers, commercial travelers, bakers, printers and coal miners; and less than brewers, butchers, painters, plumbers, glaziers and quarrymen. From phthisis the mortality is low. Poisoned wounds are not uncommon. Deaths from scarlet fever, typhus, diphtheria, enteric fever, malarial fever, erysipelas, alcoholism, gout, rheumatism, malignant diseases, diabetes, diseases of the nervous system, of the circulatory system, liver diseases, calculus, and of the digestive system, are in a greater proportion than with others of the same age.

Of the non-fatal diseases physicians are peculiarly liable—syphilitic infection from contact with specific germs in surgical and obstetrical practice. Anatomical tubercle—a warty growth occasionally seen upon the hands of dissectors and anatomists. The use of carbolic acid and other solutions in antiseptic surgery, involving the continual contact of the hands, renders the skin harsh and dry, favoring chapping, and is productive of obstinate skin eruptions.

13. *Lead Workers.*—Painters are liable to lead-poisoning; and, in addition, are subject to headache, dyspepsia, and general muscular weakness, which has been thought due to the inhalation of turpentine.

Plumbers may suffer from sewer-gas, and gout is not uncommon, from the effects of lead.

Type-setters are liable to tuberculosis, as a result of bad air, lack of exercise and constrained attitude. Cracks and fissures of the lips, and small tumors on the interior of the mouth, result from the habit of putting type in the mouth.

All are liable to lead-poisoning, more especially those who work

in the dry carbonate of lead ; and in females, abortion is regarded as one of the results of lead-poisoning.

14. *Salesmen and Saleswomen* who have to stand in their employment, suffer from varicose veins, ulcers and eczema of the legs, and share, in common with those who suffer from bad ventilation, a liability to lung diseases, pains in the feet and menstrual disorders.

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**“AS HE THINKETH IN HIS HEART, SO IS HE.”**

Dr. W. J. Atkinson is evidently a little exercised over our articles on pathetism in previous numbers. We do not care to be dragged into the theological side of this question, He thinks we are exceedingly materialistic in our views. Our reason for this is, that we were talking of material things. We are material on material things, and spiritual on spiritual things. But *spiritism* is neither material nor spiritual. Take from spiritism the tricks of jugglers, the marvels of mesmerism, electricity, hypnotism, and the wonders of the mind, and there is nothing left but the fragments of superstition and vagaries of the imagination.

The mysteries of material things are often accepted by the credulous as the spirits of just men made perfect. The tendency of the ignorant is to run all unexplainable phenomena into the spiritual. Often it is fastened on to an Indian or Chinaman, who knew nothing of this world while living, and who has neither intelligence or ability to tell of anything in the world to come.

I have seen spirits, so-called, write on slates, show their porcelainous hands, tie down their mediums, shake hands with the living, rap the table, make it stand on one leg, throw pillows across the room, “peep and mutter,” and play on the “golden harp.”

More recently they have put away these childish things, and are now engaged in curing paralysis, reducing rheumatism and making the lame leap as a hart, though I am still materialistic in my belief as to the causes, and perhaps will be until these spirits earn their own living without stealing and imposition ; until they are utilized in tilling the soil, hoeing corn, digging potatoes, and paying their doctor's bills. With all my unbelief, I still believe in the existence of spirits, though I have never seen one or tested it with any

of my senses. In every community there are persons ready to grasp at straws. There is a common desire to converse with departed friends. Some can work upon their imaginations until their desires are satisfied. The weaker the intellect, the brighter the spirit. Strong men, even, have weak points, and the weak in intellect often have the most wonderful development of certain intellectual faculties. One of the most wonderful mathematicians I ever saw was an imbecile; and the greatest "natural-born fool" I ever saw could tell the constellations of the stars, the changes of the weather, the time of eclipses of the sun and moon, yet he had not sense enough to go in when it rained. Just now, the *faith cures* are held as something new in modern "Christian Science." That the imagination is a potent factor in the cure of disease is true, and many surprising results of its action are to be seen. These wonders, however, do not exceed the results of the tar-water of Berkeley, the tractors of Perkins, and the magnetic rings of ancient times, the solution of which may be found in a careful study of the material side, mental derangement, melancholy, hysteria and laziness. Illusions, delusions and hallucinations have more power over "mind diseased" than all the heavenly angels and genuine revelations to man. Pathetism shows the reason of things, and enters into a solution of the mysteries of magnetism, mesmerism, hypnotism, odylic force and spiritism. Whether used by the scientist or the eccentric, it takes all the eccentricities out of these mystical terms that have so long confused the human mind.

There is a scientific distinction between mental impressions and spirit communications. Among the barbarians mental impressions are the prime means of cure. The Chinese remedies are principally based upon the horrors of their ingredients. Voodooism cures its subjects by the same powerful cause. Scrofula was healed for centuries in England by the royal touch; and the Hindoos, even save their souls by crushing the body under the car of Juggernaut. Spiritualism once promised to revolutionize society, and professed also to heal all diseases, occupying the place now held by "mind cure," "Christian Science," falsely so-called, in which magnetic healing, Indian doctoring, faith healing and spiritism, have only gone to seed.

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**"RECKLESS SURGERY."—AN OPEN LETTER  
BY DR. A. C. BERNAYS—REMARKS.**

*To the Editor of the American Medical Journal, of St. Louis, Mo.:*

I desire to call your attention to the fact that, in your issue of November, 1887, there is an article, beginning on page 517, ending on page 518, and entitled "Reckless Surgery," concerning an operation performed by me.

This article is a vile fabrication, and shows *malice* on its face. I merely wish to state that in the presence of the class (about fifty being present), and of Drs. L. Bauer, Crosswhite, Cole and Kingsbury, I stated to the students, before beginning the operation, that the case was one of multiple fibroids, and probably of pregnancy, using the words: "We will probably deliver a baby through the incision."

The specimen contains, by actual count, nine fibroid tumors, from the size of a nut to that of an apple, all intramural. The Porro operation, which was performed, was not only justifiable, but indicated.

As to the gratuitous fling about "enticing poor unfortunate sufferers," etc., the courts are better judges of its validity than I am.

Your informant was evidently as ignorant as he was untruthful, and in justice to your journal, and to myself, you owe me a publication of this letter, or a correction, containing a true statement of the actual state of affairs.

Oct. 27th, 1887.

DR. A. C. BERNAYS.

We are perfectly willing at all times to make any corrections, or to publish true statements of the actual state of affairs, and we abhor the idea of putting anyone in a false light before the profession. Even the true position had better oftentimes remain untold. In this case, however, we do not see where we have any corrections to make, as the article "Reckless Surgery" was not personal in character, and the matter is wholly gratuitous upon the doctor's part, when he seeks to fix the contents of said article upon himself. Under these circumstances, I hesitated in publishing the above letter, and kindly asked Dr. Bernays to write out a detailed account of his operation for publication in this journal. But this offer he declined. His case, and the one referred to in "Reckless Surgery,"

may be similar, or they might be entirely different. The information upon which that article was based was obtained from an eyewitness to that operation, and he is a man of integrity and no small degree of medical and surgical knowledge, though he is young and inexperienced, and therefore not beyond the possibilities of a mistaken judgment. As to "malice," I have no reason for believing my informant so disposed, and I know that, personally, I bear no unkindly feelings against the gentleman who seems to have taken this matter at heart.

That we may get at this matter properly and justly, we will give place to a report of Dr. Bernays' case, published recently in the October issue of "*The International Medical and Surgical Synopsis*," and evidently dictated by Dr. B. This report reads as follows:

"M. T., female, age about 35, colored, from Lewisburg, Mo. Fibroid tumors of uterus, complicating a pregnancy. Porro's operation. Patient was sent to St. Louis by her physician for operation, with the diagnosis of abdominal tumor. An examination proved the presence of numerous hard, slightly moveable tumors, one of which had grown into the umbilicus, distending the umbilical ring, and much resembling a hernia. With the exception of the large nodules, the tumor was well rounded and free from adhesions. Digital exploration of the vagina showed a virginal os uteri, and a large tumor in the uterus, filling out the vesico-uterine excavation to within an inch of the portio. Although the patient absolutely denied the possibility of a pregnancy, Prof. Bernays was of the opinion that there was a pregnancy existing of about 7 or 7½ months' duration. Dr. Bernays, Sr., and Dr. Crosswhite made an examination of the patient, in order to either verify or contradict the diagnosis of pregnancy, but were unable to positively assert either one way or the other. Some of the most trustworthy signs of pregnancy were absent, for instance, the cessation of menses, development of breasts, nor could the sounds of the foetal heart be heard. Palpation of the abdomen was also unsatisfactory, on account of the fibroid tumors. The vaginal examination, in addition, was not conclusive, on account of a large fibroid in the lower segment of the uterus. On October 15th, at the Pius Hospital, laparotomy was performed. After the incision in the linea alba was made, Prof. Bernays intro-

duced his hand into the abdomen, and feeling numerous fibroid tumors in the distended walls of the pregnant uterus, one of which, just behind the neck of bladder, would form an impediment to the delivery of child *per vias naturales*, and all the others being most liable to produce a rupture of the uterus during labor, determined to perform Porro's operation. A medium-sized trocar was introduced, and a part of the fluid contents of the uterus evacuated. Then the uterus was lifted out of the abdominal cavity, and turned forward over the pubes, so that none of its contents could fall into the abdomen after the organ was incised. The uterus was cut in the median line on its anterior surface, and the foetus extracted and taken charge of by an assistant. The uterus was constricted by Tait's wire clamp, and the ligatures applied to the uterine vessels, near the cervical portion on either side. The organ was then cut off, and the stump united by deep muscular sutures, over which was placed a row of Lembert sutures. The toilet of the peritoneum was carefully performed, a drainage tube inserted into Douglas' cavity, and the abdominal incision closed in the usual manner.

"The child was a girl of about seven months, and is prospering. The mother rallied from the operation. Her temperature never rose above 99.5° F. until her death occurred on the fifth day of collapse. The autopsy revealed nothing abnormal in the abdominal cavity, excepting the adhesive inflammation surrounding the stump of the uterus. No sepsis.

"At the conclusion of the operation, Prof. Bernays stated that the operation was neither new nor original. *Hofmeier*, of Berlin, the first assistant of Schroeder, has stated, among the indications for Porro's operation (*Deutsche Med. Wochenschrift*, 1886, No. 30), 'cases in which the body of the uterus is so altered that its removal appears desirable, especially on account of fibromatous neoplasmata.' He reports a successful case, mother and child both being saved."

From the above account, it will be seen that Dr. A. C. Bernays did perform an operation for an abdominal tumor on October 15th; that he did take through the incision a viable child; and that he cut out the womb before concluding the operation.

According to Dr. Bernays' letter, the operator stated, "before beginning the operation, that the case was one of multiple fibroids.

and probably of pregnancy, using the words, *we will probably deliver a baby through the incision,*" and in the report of the case it is stated, "Prof. Bernays was of the opinion that there was a pregnancy existing of about 7 or 7½ months duration." Thus, Dr. Bernays places much emphasis upon his opinion of an existing pregnancy.

Now, does this fact aid in a justification for an operation, either of laparotomy or Porro's operation? If pregnancy was suspicioned, would it not have been wisdom to have postponed so grave an operation until time would have cleared up the diagnosis? If the patient was found in imminent danger from the existing fibromata, such as rapid growth of the tumors, or a size leading to disturbances of circulation and respiration, or the origin of growths in the pelvis leading to symptoms of incarceration, or if there were existing ascites, or violent pain and hemorrhage that were not to be controlled by other means, such a procedure would have been justifiable. But certainly the mere existence of fibroids could not be taken as the incentive to an operation, for "cases are by no means rare in which pregnancy, labor and the puerperal state are not disturbed by the presence of such tumors" (Charpentier).

Moreover, the *number* of fibroids could not have figured much in the case, for Gueniot mentions "the case of a woman whose pregnancy and confinement were normal, but whose uterus was filled with *twenty* fibromata of various sizes. Hecker, and many others, report similar cases.

The *size* of these tumors was also insignificant, compared to many other cases reported, where the birth was natural and at full term.

"Now, for uterine growths of the kind in question," says A. Gusserow, M. D., Professor of Obstetrics and Gynecology at the University of Berlin, "removal is by no means a necessity, such as is generally the case in ovarian tumor; even if we should succeed in reducing the mortality of fibroids to the level of ovariectomy, we would nevertheless still have to take into account that fibroids *per se* are not dangerous to life. Hence, the mere diagnosis of fibroid of the uterus is not equivalent to an indication for an operation."

Dr. B. seems to justify his operation by saying that "the specimen contains, by actual count, nine fibroid tumors, from the size of

a nut to that of an apple." Upon my examination of the specimen, which privilege was kindly granted, I will say that the specimen was found virtually as the doctor has above stated. I leave the reader to judge as to whether, in this case, the operation was a justifiable procedure or not.

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### UNION, AND THEN THE FIREWORKS.

The editor of the Cincinnati *Eclectic Medical Journal* has had a dream. Before him, in a dim vision, is an array of "feeble folk." They pour in upon him from New York, Chicago and St. Louis. Our confrere takes the throne. The books are opened, and the judge, with a squint of pity, and his tray-full of "damn," "hell," "fool," etc., tries his "feeble souls."

"Prof. Younkin," you are charged with unsoundness in the faith. The specification in this charge is, *you have made "a plea for union."* What say you—guilty or not guilty?

*Answer.*—"Guilty, your honor; most guilty."

Now the devil is seen to unscrew his tail; the gate swings upon its hinges, and there is heard down the corridors of the Cincinnati hell, the echoes "fool," "damn," "hell," etc.

Wonderful dream, this! Most wonderful!!

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### THE AMERICAN MEDICAL COLLEGE

The Winter Course of Lectures is now in session, and will close January 21st.

The Spring Course begins January 23rd. This is a regular Session, equal in every respect to the Winter Course, and counts in the requirements to graduation, except to those who have taken the previous Winter Course. Those who have taken their Winter Course elsewhere are subject to the same rules. They cannot graduate in this college on consecutive sessions. The reputation of the American is good, and it will not depart from the rules governing medical colleges in good standing.

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### OUR JOURNAL.

With this issue we close the Fifteenth Volume of THE AMERICAN MEDICAL JOURNAL, and the first year of the present editorship.

How well our work has been accomplished, we leave our readers



to judge. We return our heartfelt thanks to those who have so nobly aided us in their contributions to this volume, and we ask a like continuance to our future work. We have labored hard to make our undertaking acceptable and profitable. It has not all been turmoil and vexation of spirit; some pleasures and happiness have attended us. As an evidence of our achievement, we are happy to state that the most flattering letters have been received from every quarter; a few suggestions have been made bearing upon improvement—no criticisms. Our subscription list has grown with every issue. A glance at our original matter will show that in this respect we stand inferior to none in this country. We have aimed to be practical, rather than profound or theoretical. We have been “regular” in our visits, and eclectic in our writings and cullings.

As to our future, while we are a creature of circumstances, youth is hopeful and looks not to a death of inanition. We will live by sustenance, and we will develop according to the richness of our pabulum. Every subscriber can feed us, by the prompt payment of their subscription, and by obtaining a neighbor's subscription. We shall be satisfied only upon a doubling of our subscription list for the coming year, and as an incentive to a New Years' gift, \$3.00 will pay for the two, one old with one new,

We make no promises that we cannot fulfill, but we contemplate a much greater improvement for the year 1888. if an increased subscription will allow it. We desire to live, to grow, and to do good.

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### EPIDEMIC OF SYNOCHAL FEVER.

We learn with regret that an epidemic of synochal fever is raging at Cincinnati, Ohio, and that in many cases it is proving fatal. The medical colleges of that city are seriously affected by it; so much so that a number of the students have died; others, panic-stricken, have gone home, leaving but small classes. In a private correspondence, the writer states that at least 20 per cent. of the medical students are sick with the disease. It is a low type of fever; temperature from  $103.5^{\circ}$  to  $104^{\circ}$ , while the pulse is from 58 to 70. Tongue coated brown; breath fetid; bowels tympanitic and sore; involuntary discharges, etc. The writer is rather severe in his strictures in regard to the filthy and stinking condition of certain quarters, and

attributes the disease largely to this source. Perhaps a closer adherence to *antiseptics* would cut short the disease. *Verbum sat sapienti.*

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### SURGICAL MATINEE.

This is rather a peculiar heading, but it serves our purpose well. Within the last few years the secular press has given accounts of certain surgical operations calculated to astound the public and to give notoriety to a few otherwise obscure performers. A large share of these operations seem to have been performed in the East, a few from the North, South and West, and an occasional one from our own immediate clime. Some of the operations are exceedingly ordinary, and well known to the profession; others rare, and never heard of before, among the latter of which we observe the extirpation of the "*vetus muscle*" and resection of the "*os cupri*."

It seems that when an operation is about to be performed a few special friends are invited to witness the scene and share a part of the honors and responsibilities; a few reporters of the papers are either present, or put in possession of some of the most wonderful facts. Thus, the operation is not so much for the relief of the unfortunate victim as it is the gratification of the performers—in other words, a kind of surgical *matinée*.

Prof. Goodman, of Louisville, drew a line of distinction between the surgeon and the mere operator. He said: "The surgeon inquires into the causes and removes the consequences of constitutional or local disease; the operator inquires into the willingness of his patient to submit, and resorts to the knife. The surgeon relies on the restoration of the healthy action by regimen and medicine; the operator relies on himself, and casts off diseased parts. The surgeon, reflecting on the comfort and feelings of his patient, uniformly endeavors to save him from pain and deformity; the operator considers his own immediate advantage and the notoriety he may acquire, regardless of other considerations. The surgeon reluctantly decides on the employment of instruments; the operator delays no longer than to give his knife a keen edge. The surgeon is governed by the principles of science; the operator by the principles of interest. One is distinguished by the number he has saved from mutilation and restored to usefulness; the other by the num-

ber of cripples he has successfully made. The surgeon is an honor to his profession, and a benefactor to mankind; the mere operator renders the profession odious, and is one of the greatest curses to which mankind, among their manifold miseries, are exposed.

"The reader of this analysis will at once be able to place many persons who pursue the calling of doctor. We could wish that all were surgeons in the sense defined, and that none were mere operators."

The wise and considerate Ricord said to his class: "An operation, while it may do good, may also be productive of evil. This double result adds to the interest of surgery and the responsibilities entailed on those who practice it. I apply the words *accomplished operator*, not to him who looks at his watch to see in how short a time an operation may be performed; nor to him who, during an operation, is putting himself in the attitude of those who are looking on, considering what they will say. He, only, is an accomplished operator who, before he engages in an operation, looks at all the consequences, both good and bad, which may ensue."

A surgeon may venture, with propriety, beyond the ordinary methods and operations, but there should always be a just consideration, with some hope of doing good rather than evil. A departure may be classed as an instance of malpractice, unless the operation is justified by the event, or there is some hope of placing the patient in a better condition afterwards. A joint affected with osteitis or synovitis might be relieved with remedial measures, and the limb saved; an operator might diagnose the case as one of malignant disease, and amputate the limb, thus rendering the patient a cripple for life. The dissection of the amputated member afterwards might cause remorse, in a conscientious surgeon, and a reflection upon his own ignorance.

A surgeon who strikes out a path for himself does it at his own peril. The law recognizes this fact; were it otherwise, havoc might be wrought by the unprincipled and reckless, or by the conceited and bombastic operator.

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—OWING to a pressure of other matter, a number of book notices are unavoidably omitted from this issue.

## NOTES AND PERSONALS.

—HE who acts rashly, acts ignorantly.

—WE want a concise "Postal Brief" from every subscriber to this journal.

—JAMES STEWART, of Wichita, Kas., a boy of seventeen, a drug clerk, has been sentenced to imprisonment four months and is fined \$20,000, with costs, for violating the prohibition law.

—FELLOW'S HYPOPHOSPHITES still maintains its reputation as a vitalizing nerve tonic in debilitating diseases.

—"WHENEVER you have an inquiry about electrical appliances for medicinal use, you will never go astray in commending those made by Jerome Kidder & Co. Every desirable feature of electrical methods of treatment are embraced in the varieties of instruments they manufacture. They have stood the test of time, of medical surveillance, of public observation, and to-day they lead all others in merit and sale."—*Pharmaceutical Record*.

—CABLEGRAM.—LONDON, Oct. 25th.—Wm. R. Warner & Co., Philadelphia, received the highest award from American Exhibition in London for superiority of their sugar-coated pills and effervescing salts.

—THE well-known house of Reed & Carnrick are putting upon the market some valuable and tried preparations. The excellency of their goods stands the test of time. Read page viii. and the 3rd page of the cover.

—THOSE who desire surgical instruments can order direct from Leslie & Co., 204 N. Broadway. This is a reliable firm.

—H. PLANTEN & SON, 224 William Street, New York, make Standard Capsules of oil of wintergreen, apiol, cassia and sandalwood. Our readers will do well to give them a trial. Samples sent on application.

—THE Acid Mannate, Aletris Cordial, Celerina and Extract Pinus Canadensis are manufactured by the Rio Chemical Company. Order them through your druggist, or send to the house for a sample.

—W. S. MERRELL CHEMICAL COMPANY is an old and reliable house, with fresh drugs of the best manufacture. See their advertisement.

—PEACOCK'S BROMIDES are just what they are represented to be—a good form for administering the nerve and brain sedatives.

—THE manufacture of Bromidia, Papine and Iodia has grown so extensive, that Battle & Co. have erected a larger building on the corner of 20th and Locust Sts., St. Louis.

—PARKE, DAVIS & Co.'s "Plain Talks to Physicians" appear new and fresh every month. The reader will obtain something to his interest in reading these in every number.

—SEE Phenic Acid, Syrup Sulpho-Phenique, Iodo-Phenique and Syrup Ammonia Phenate, on page xxv. Manufactured by the Declat Manufacturing Co,

—CRYSTALLINE PHOSPHATE has gained much reputation within the last year as a tissue food, It is a good thing. Send to the house for a sample.

—LACTOPEPTINE—everybody knows the virtues of this preparation. We could hardly do without it now.

—FAIRCHILD BROS. & FOSTER have taken great interest in preparing their Digestive Ferments. They have blended palatability, beauty and effectiveness most perfectly.

—MELLIER DRUG Co. are engaged in supplying the profession with the Elliott Saddle-bags, Buggy Cases, Orthopædic Appliances and Surgical Instruments. They supply as good as the market affords.

—CHARLES SCHLEIFFARTH manufactures his own Appliances, Trusses, Instruments for Deformities, Elastic Hose, Abdominal Supporters, Shoulder Braces, Crutches, Invalid Chairs, etc. We have found him to be a good workman, and one who complies with his promises.

—Now we are ready for renewals to this Journal, and new subscribers.

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### FOR SALE.

I want a good man to take my place in St. Louis. Will sell my property and fixtures for just what they are worth—\$12,000—and will assist my successor into business. I have the most profitable practice of any physician in this part of the city, but must quit the business and get out in the country. Will give a competent man a good chance, and for anyone who wants a first-class city practice, this is an excellent opportunity. Address

DR. GEO. C. PITZER, 1110 Chambers St., St. Louis, Mo.

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